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VOLUME XI

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PART 3

ORIGINAL PAPERS

THE TECHNIQUE OF PSYCHO-ANALYSIS¹

BY

ELLA FREEMAN SHARPE

LONDON

I

THE ANALYST

ESSENTIAL QUALIFICATIONS FOR THE ACQUISITION OF TECHNIQUE

These lectures are addressed to you as students who through your own personal analyses are convinced of the truths of psycho-analytical science. They are offered to you in the hope that yet another individual view-point, gained from many years of practical experience, may be valuable to you in your work.

There are two ways of acquiring knowledge of technique before the practice with clinical material begins. The first and most important of these is the unconscious assimilation of the technique employed in the student's personal analysis. After he has experienced the resolution of transference-affects to an analyst, it should be possible for an analysand to recognize the skilled technique that was employed in bringing to conscious understanding the unconscious springs of thought, feeling and action. In the most successful analysis, the technique that has been employed will not be flawless. The able analyst can admit this without fear. The well-analysed person will be able, without reproach, to recognize where technique has failed to elucidate or to resolve some inner difficulty. The attainment of this attitude towards technique means that we recognize ourselves still as students, and that technique admits all the time of becoming finer and subtler as we increase in our power of dealing with human beings.

¹ Lectures delivered to candidates in Training at the British Psycho-Analytical Institute, February, 1930.

The first knowledge of technique is then the assimilation of the technique of one's personal analyst. We have to remember that this technique, if good, has been orientated to the psychology of an individual. It will represent in all essentials the classical norm of Freudian technique; and yet it is the shades and nuances of application to a particular person that mark the work of a skilled technician. These special orientations to one individual will not necessarily apply to any other. It is this capacity for these subtler adaptations that makes all the difference between applying a dead and rigid set of rules and the mobile handling of a real person. To attain this, the student has to look beyond the experience gained in his own analysis to that which he will have in analysing others; and whether he will acquire that skill depends upon certain essential qualifications in himself.

The second way of acquiring knowledge of technique before experience with clinical material is in the literature that gives analytical experiences in the handling of patients. The standard reference here is to Freud. In our own literature we have much guidance in the works of Ernest Jones. I would refer you also to the lectures of Edward Glover on this subject. In those lectures he has dealt so admirably with technique in relation to the characteristics of varying stages of analyses that it would be waste of time to recapitulate this in some other form. I shall treat the subject in more general terms at the outset, and finally give more detailed illustrative material.

We come then to the consideration of the essential qualifications needed by a student who wishes to acquire technique, for there *are* essential qualifications in addition to academic qualifications and general culture.

The main one can be best illustrated by the difference between the man who can really paint a picture and the man who has an encyclopædic knowledge of theories of art, between the critic of letters and a man who creates a book. One man may, of course, excel in both of these activities, but not of necessity. Similarly, a store-house of psycho-analytical knowledge does not of necessity guarantee that the possessor will be a good technician. The good technician must have psycho-analytical knowledge, but it is not his knowledge of scientific results that enables him to traverse again the path by which they were obtained. The science of psycho-analysis has arisen through an art. Art precedes science. The science has been formulated out of that which art has evoked. We can learn the formulas, but we shall not be technicians if, having learned the formulas, we then proceed to apply

them to the subject of our experimentation. Psycho-analysis ceases to be a living science when technique ceases to be an art. The body of knowledge increases by increase of technical skill, not by speculative cunning. I need only refer you to Melanie Klein, whose technique in child analysis has deepened and galvanized into life our theoretical knowledge of the oral and anal phases of development. The great technicians will possess the touch of genius that all great artists possess. Some measure of art any good technician must also surely have.

In our search for the essential qualifications that enable a person to acquire the technique of psycho-analysis, we can inquire with profit what it is that we ask of technique to accomplish. Let us apply this to ourselves as students. We undertake a personal analysis in order to be equipped as psycho-analysts. Experience proves that unless we pursue this analysis for the sake of the resolution of our own conflicts and a clear understanding of our own psychology, the root of the matter is not in us. When we reach the realization that the problems of our personalities take all our resolution to solve, we ask many things of the analyst's technique. We ask first of all for an atmosphere in which we can tell all we have never told another, all we have never told ourselves. We ask for a sympathetic hearing of our point of view, an appreciation of our difficulties and of what we have done with our conflicts. We ask first for someone who can understand how we feel about the things that matter to us. Only as we are sure of this in the first instance, will it be possible for us to allow the analyst to bring home to us why we think as we do and act as we do. We ask, that is, that the technique of the analyst shall bring to the light of consciousness the repressed unconscious. From these demands that we make on the analyst, we may gather some of the essentials necessary in acquiring technique.

1. The fundamental interest of a would-be technician must be in people's lives and thoughts. The dross of the infantile super-ego in that fundamental interest must by analysis be purged. The urgency to reform, to correct, to make different, motivates the task of a reformer or educator. The urgency to cure motivates the physician. A deep-seated interest in people's lives and thoughts must in a psycho-analyst have been transformed into an insatiable curiosity which, while having its recognizable unconscious roots, is free in consciousness to range over every field of human experience and activity, free to recognize every unconscious impulse, with only one urgency, namely, a desire to know

more and still more about the psychical mechanisms involved. 'Benevolent curiosity' is Dr. Jones' admirable phrase. When we come across a habit of thought, a type of experience, to which we reply 'I cannot understand how a person can think like that, or behave like this', then we cease to be technicians. Curiosity has ceased to be benevolent.

Tolerance emerges out of an acquaintance with one's own unconscious. A capacity for kindly scepticism and suspension of judgement is the accompaniment of a curiosity that has been purged of the infantile elements.

One would expect, as a result of this special interest and orientation towards human life, that a person capable of acquiring a specialized technique in dealing with human nature would have a technique above the average in ordinary human contacts. It may well be that a person with capacity for this has been hindered by internal difficulties, but these difficulties being removed, the would-be technician must surely be a technician in general before being one in particular. We are talking of psychology in *practice*, as an art, not as knowledge of theories. A practical technician cannot be an adept with human material in the laboratory and continually make gross errors in human contacts in the outside world. The capacity to get on to understanding terms in the external world with types of people differing from one's self, the capacity to sustain and maintain friendly relationships in spite of stresses and differences, are indicative of essential qualifications for acquiring a special technique for a special object.

Whatever qualification is necessary in the way of knowledge of pathological states of mind, the future technician will have gained his knowledge of human nature not only in the consulting-room, but in actual living. He will also have ranged to some extent through some pathway of literature; biography, history, fiction, poetry or drama. In some field of literature he will have met, in addition to his actual contacts with people, phases of life and conduct that will have given him that broad general sympathy with life and people which no textbook of scientific principles can ever inculcate.

I will give you a specific application of what I mean by knowledge of life and living as a necessary part of the equipment of a psychoanalyst. A physician correlates a description of symptoms with his deeper knowledge of anatomy, physiology and organ functions. He gets from the patient all the data that can be obtained. The data from the analysis has to be elicited in many forms. The unconscious

has to be inferred from its representations. The more we are versed in forms of representation the quicker we shall be in understanding what is represented. Technique stands a chance of being more subtle whenever we have a first-hand knowledge of the things a patient is talking about. We proceed from end-result to origin, from pre-conscious to unconscious.

Take as an example the following : A patient halts in the train of thought she is expressing. She says, 'I'm suddenly interrupted by thinking of Portia, not that Portia, but Brutus' Portia. I won't think of her, I don't like her'. The patient reverts to her original line of thinking. Now, if I know the history of Brutus' Portia, I know at once the unconscious theme towards which the resistances are directed. I know there is a correlation between the conversion symptoms of this particular patient and the fact that Brutus' Portia inflicted on herself a wound for a special purpose. The patient has unconsciously, with unerring instinct, selected a representation of her own unconscious psychology. If I do not know the rôle of this Portia in the play, I shall be slower in getting on to the track of the unconscious motivation. Take another example of the same kind. The patient suddenly thinks of the words 'Like a worm i' the bud'. She repeats the phrase several times. She cannot recall the context, nor why the words were said. If I remember that the context is, 'She never told her love', then I have at once the clue to the unconscious theme.

I have registered during one week a number of things which, had I personally known more about them, would have enabled me to reach more quickly the unconscious themes that were being given to me in a representative way. In one analysis I needed an intimate knowledge of *Peer Gynt*, and a swift recognition of the rôles that Asa, Ingrid and Solveig were playing at that moment in terms of the patient's own identifications. In another an immediate recall of a Dutch picture would have given me the link I needed between an actual scene and an unconscious phantasy. The knowledge of the exact duties of a trustee ; the differences between two ways of calculating commission on sales ; a knowledge of the differences between two makes of motor cars ; the appearance of a cider-press and the way it works ; the precise meaning of football terms ; an understanding of the processes of etching—all these would have enabled me to grasp more quickly than I did the unconscious significances that were being represented.

We stand to gain all the time by having the knowledge the patient has in terms of consciousness. Every branch of learning, every

variety of experience of the way life is lived, adds to the analyst's possibilities of acquiring technique. We need not be too disheartened on account of ignorance if we make adequate use of the fact, if we do not slur ignorance over. I asked for a description of the cider-press. I asked for the etching processes to be described. If I had not known about Brutus' Portia I should have taken the patient back to that association and asked what she thought of Portia, why she disliked her, etc. But I give this aspect of analysis here to illustrate that it is the stuff of life we need to be most interested in, to know more and more about it in whatever direction we can obtain it. We need also to have a very clear conception and a very real belief that all sublimation in adult life, sciences, arts, mechanics, buying and selling, housewifery, is the outcome of childhood interests. Every successful analyst of adults must finally, therefore, know much about the child.

In the analysis of an adult the reconstruction of childhood days is an essential process. The phantasies, the make-belief, the games played, the games not played, will be the main road leading to the unconscious life. In any reading for analytical qualification I would make compulsory the following books: *Nursery Rhymes*, the *Alice* books, *Hunting of the Snark*, Grimm, Andersen, the *Brer Rabbit* books, *Water Babies*, *Struwwelpeter*, *Undine*, *Rumpelstilzkin*, *Peter Ibbetson*, *Greek Myths and Tragedies*, Shakespeare's Plays. Were I an arbiter of training, I should set an examination on those books as a final test by which the would-be analyst should stand or fall. My final examination for qualification would run on these lines:—

(1) Quote in full a verse in which 'London Bridge is falling down' occurs.

(2) Give briefly the story of three blind mice.

(3) If the mice were blind, how came they to run after the farmer's wife so purposely? Account for the cutting off of their tails.

Illustrate what unconscious drama is being staged when a patient thinks of himself as one of the blind mice.

What inference concerning the health of the ego do you draw from the fact that the tails were cut off instead of the mice being killed?

Somewhere in that list of immortal stories we shall all find an unconscious phantasy of our own. To understand even the tale of the three blind mice is to have a conception of what those crystallized terms id, ego and super-ego really mean in terms of the drama of life. Faced by a cross-examination on children's nursery rhymes in terms of psycho-analytical theory, with an application to the struggles going

on in ourselves or in our patients, would any of us do more than scramble through it? To pass it creditably would mean that one had a good chance of being a creditable technician.

2. An essential qualification towards the acquisition of technique is an up-to-date knowledge of the body of psycho-analytical doctrine.

3. An essential qualification towards the acquisition of technique is as thorough a personal analysis as possible. Happily the days are past for ever when one talked glibly of a 'completed analysis', as though there were some static state that had to be reached to be perfect—for being 'completely analysed' meant perfect or nothing. The perfection generally meant someone else's standard which had to be attained. We have found the unconscious mind a profounder and more intricate force as the years have gone by. It has behind it the dynamics of countless ages; so not for us the glib assurance of our green days. We scratch the surface of that deposit in us of the past, but we do not exhaust it. Problems will always remain. We have, however, definite criteria whether the analyst's own analysis has been thorough enough to justify the hope that he will make a successful technician. These criteria are as follows:—

(a) Analysis must have revealed a real interest in unconscious mechanisms and a real ability for finding them out and understanding them, an ability for reading the unconscious meaning in dreams and phantasies and in the motivation of conduct. Without this flair it is impossible to acquire technique. This ability depends upon the analysed unconscious mind. It is always strictly in proportion to the freely-moving unconscious mind. No knowledge, no intellectual equipment can give this. Our ability to read the unconscious is tied and bound always to the degree that we are unconscious of the unconscious, which means by our own still repressed. Only unconscious can track the unconscious. We listen in two ways to the analysand on the couch, and it is only when our unconscious is deeply listening in the second way to the meaning that underlies and runs through the conscious thinking aloud, that we grasp the significances to which our surface listening is deaf. Personal analysis should reveal whether there is this special interest, and whether there is a natural aptitude for reading the unconscious mind.

(b) We should have accomplished in our own analysis a knowledge of where our own blindnesses are likely to be. We should know our own reaction-patterns. Freud has said that the scars of what has been remain. We cannot obliterate the past. The point is that we should

remember it and always take it into account. Any stabilized character will still have its own bias. With one person sadism will be 'plus', with another masochism. With one homosexuality will be as a closed book; it is a theory. With another child-birth is a tale that is told. This is the type of thing I mean. Analysis should have taught us where our blind spots will be, where our experience is lacking. It should have given us a firm grip of understanding our own past repressions and so prevent us from that too fatally easy slip-back into our own automatic patterns. At these places our technique will be faulty.

(c) Analysis should have given us the knowledge of why we have become psycho-analysts. We should know the unconscious roots of a major sublimation of this kind. Like other arts, psycho-analysis tends to swamp other interests and encroaches more and more on the time of the whole personality. There are reasons for this, and we do well to know them. We do well to know the deep-seated gratification that we get from the work, in order that deep-lying anxieties may be recognized and resolved in their true connections and not superficially explained. The physician will not shirk the analysis of those deep-lying anxieties from which his medical skill gets its drive. The drive to heal the body is inseparable from the anxiety-ridden sadism of the primitive levels of the mind that for safety desires to hurt and kill. He will recognize that his anxieties about that deep-seated sadism are annulled all the time by healing and curing. In the wish to heal and cure he annuls his own fears before ever the patient as such is considered. Technique will always be vitiated if the physician has not come to grips with the fact that his work itself is a nullification of his own anxieties. The urge, in view of these, will be to cure, and cure does not come that way at all in psycho-analysis. Cure comes by ability to analyse, and hidden anxiety to get a cure may cause havoc to technique, for technique has to be suited to the *tempo and peculiarities* of the individual, not driven by our own inner necessity to make a patient well.

Just as the healing art directed to the body nullifies the anxiety of repressed sadism, so the desire to heal the mind is a further extension of that reparation act. It is more subtle still. To know what a person is thinking places one in a position of security, the one place that gives us security when we are burdened in the unconscious with dangers that threaten us by virtue of our original sadistic impulses.

Furthermore, the very task of eliciting, evoking, finding out what is in another person's mind bears a very close analogy to the primitive

desire to find out and bring out the desired possessions that are inside another's body. 'You go on rummaging inside my mind', said a patient to me recently, 'getting out of it more and more'. There is the psychical fact. If we have not recognized this fact, that we are symbolically 'rummaging', if we do not realize the hidden anxieties that can be stirred by this, then our technique will be vitiated by those anxieties.

I have spoken of what the practice of psycho-analysis means to the analyst, the unconscious gratification, the nullification of personal anxieties. We are attracted towards it for unconscious reasons as well as for the fees. So far the patient as such has not appeared; we can only consider the patient after these things have been clarified. One source of difficulty in acquiring technique will be repressed infantile sadism in ourselves. The anxiety connected with this is to be detected when one finds that the emphasis and interest in taking up psycho-analysis work is placed upon improvement and cure. If one feels re-assured and pleased at every expression of benefit by the patient, at every disappearance of symptoms, if one feels discouraged at every recrudescence of symptom and misery, one is not immune from one's own anxiety. It means that our own anxiety is annulled by curing, and it is intensified if we do not get assurance. Now the patient's cure does not come about through nullification of *our* anxiety, not even through our desire to cure him, but only by our ability to analyse resistances to the unconscious. I believe that our infantile sadism and consequent anxiety in the deepest levels makes it always imperative for us to seek an assurance of security. The more that deep level is brought to consciousness and analysed in ourselves, the more we can seek for *real* and not phantastic assurances—the more we can tolerate the affects of other people, externally in our reality contacts and analytically with patients. The only thing that truly delivers us from anxiety is the bringing to light of our infantile fears and hatreds. We are psychically safe when we are safe from them, and through analysis that means when the ego can deal with them, instead of the super-ego.

Now certain clarifications in technique take place according as this task in ourselves has been accomplished. This is an ideal, and I believe only approximations are made to it by the best analysts. That should hearten us, for it means a future for subtler technique and further scientific discoveries. These clarifications I see along these lines. We shall be freed from any necessity in our inner psyche to lay any emphasis of choice upon what we see in the material. We shall see it more and

more as a whole and complex pattern, and direct our attention to the obscurities. We shall be freed from any *inner* necessity to search for and be gratified by finding negative manifestations. We shall be freed from any inner necessity to search for and be gratified by finding positive manifestations. If we are of the type whose security depends upon assurance that it is the other person who is hostile and not one's self, or if, on the other hand, we are of the type who feels secure only when the other person is positive towards us, we are going to be subtly influenced by this need in our analysis. That is, our bias will be to be looking for negative or for positive affects.

We may welcome the over-compensation of positive feeling on the part of the patient and feel discouraged at recrudescence of symptoms. We may be blind to hostility or be disturbed by it. We may tend to pacify anxiety instead of analysing it. On the other hand, we may neglect to see positive manifestations. We may hinder by this the very means by which buried hostility can alone be tolerated. 'I don't mean it. I don't mean it. I don't want to hurt. It's not me saying this, doing this.' We have to understand that cry, that something, not 'me', that makes 'me' cruel and unkind. We have to realize that, while it is hostility in such a case that needs bringing to consciousness and analysing, we are bad technicians if we do not recognize the other forces present in the psyche. If in season and out of season we are 'going for the negative' (as I have heard it expressed), as much as if in season and out of season we are 'going for the positive', we are being driven by an inner compulsion of our own. In some cases I have met, it is as though the child within said 'If you know I love you, then I can hate you'. We have to hear both cries. If we are driven by our inner necessities we shall force the patient to anxiety states instead of allowing them to occur in their own orbit. We shall select aspects of an hour that are dictated by our own unconscious minds instead of seeing what is pressing for elucidation in the patient's mind.

(d) The next criterion of sufficient analysis is the knowledge of personal phantasies of omnipotence. Phantasies of omnipotence are a vital problem in psycho-analytical work. It is a problem to reckon with if it is in consciousness, but if it is an unconscious problem there will be a severe handicap to technique. The patient will often project omniscience and perfection. The analyst who plays into this projection by a hair's breadth is the victim of his own infantile omnipotence. The extent to which the patient projects omniscience into us is always the extent of the omnipotence of his own phantasies.

Our own adjustment to reality should be proven by our simplicity of purpose, honesty and freedom from pose. If we acquire technique, then our simple purpose and adequate interpretations will do all that is necessary to make the patient keep on with his task. If we make an error in interpretation, we may confess it. If we make an unconscious slip of any kind whatsoever, we must surely admit it honestly as due to the unconscious in ourselves. Such confessions do nothing to injure our prestige with the patient. He gains the sure knowledge of what we can do by our analytical acumen. We stand in analysis for the truth of reality to which the patient's own omnipotent phantasies must bow, both for himself and for the rest of the world, including the analyst.

We may detect in ourselves a falling back upon omnipotence if, when we are baffled and uncertain in our work, we resort to the magic of words. There are times for all of us in our work when we temporarily lose the links between unconscious, preconscious and actual life, fail to find the dynamics of a past or present situation. Do we then fall back upon technical words and phrases, clutch at some symbol in a dream and exploit it, to the bafflement of the patient and for a cover for ourselves? Or do we say simply 'This is to me as yet obscure'. It depends upon the psychical entanglements in ourselves if we do the former and not the latter. It depends upon whether we believe that the words we say have a magical result and will cure, or whether we believe in psycho-analytical principles, viz. that technique is directed to one end, the working through of resistances. The analyst's capacity to put up with disappointment and misrepresentation must be unlimited. If cure, and not analysis, is our interest, I doubt whether it could be borne; but it can be borne with ease if our interest is really in the unconscious. Even so we must be resilient enough to bear with constant thwarting.

(e) An important criterion of an adequate analysis is the ability to deal with present-day conflicts. None of us is immune from present-day conflicts. No analyst can afford to ignore them or dissociate them. Every emotional disturbance, however seemingly justifiable by external events, will link inwards as well as outwards. We should not, if we could help it, allow a patient to shelter under the plea of reality. We have no right to do it ourselves. One criterion of being analysed enough to acquire technique is this. Can we analyse our own conflicts *up to date* in terms of our own id and super-ego, i.e. in the light of our own past? Can we fairly well analyse our own dreams and do we do

that when we are disturbed emotionally? Only by so doing shall we keep psychically clear enough for our work with others.

Even when we have done this, I believe we have to allow for times and seasons in psycho-analytical perception. This is due to the fact that not only are we dealing with the ever-moving stream of psychical life in the patient, but in ourselves too. We work through our own dynamic unconscious, not by a conscious body of knowledge, not by reason, not by a logical arrangement of our conscious mind.

Therefore, since I believe in a dynamic unconscious, I believe that, however much insight we may be capable of, every analyst, if honest, will admit of having days when he sees more and sees more deeply than on others, just because we cannot always command the whole of the unconscious forces to our conscious bidding. Sometimes therefore we shall be deliberately chary of giving interpretations. The analytical work will go on. We shall see the pattern again; it will not disappear. We must not overemphasize the conscious side of our work. We shall not if we do not overemphasize the importance of our conscious logical processes but depend upon our freed unconscious.

Two aspects of the analyst's work must be mentioned in conclusion. The first is its passivity and receptivity. There are those whose energies are so abundant and naturally organized that they balance this by activity and productivity in some form or other. For others it is a matter of conscious regulation, and it seems essential for mental health that a balance should be struck, so that for this constant listening and assimilation through the ear alone, other faculties and senses should be exercised—an externalizing in some objective form of the thoughts and energies we possess. Secondly, the direct impact of the unconscious mind in psycho-analytical work is greater than in any other vocation. The work, if it is of a high order, means a very highly sensitized condition and awareness of unconscious processes in ourselves and in others. The analyst's work is to see the unconscious in action. For this reason the psycho-analyst of all people needs at times to turn from his task, and to lose the theme of the unconscious in the life of his day and his generation, where the totality of personality counts. In thought, art, literature, companionship, the psycho-analyst needs to see and live life as a whole, as a corrective to the specialized angle his work demands. Especially does he need a capacity for leaving analytical methods in the analytical room. They are out of place, unless we are engaged on a piece of scientific work where we have the data supplied us. Outside that room, where it is our task to interpret our

material, we must be human beings meeting human beings, and as human beings it is not absence of conflict that counts but the *outcome* of it.

Of Virgil a poet has said :—

“Thou took'st the waxen tablets in thy hand,
And out of anger carved calm tales of home.”

Outside the consulting-room we need to see life whole and to remember that our culture is inseparable from our conflicts.

II

THE ANALYSAND

THE ANALYTICAL TASK. GENERAL PROCEDURE. ERRORS AVOIDABLE BY BEGINNERS

I choose the word ‘analysand’ deliberately for the moment, though later I shall use the word ‘patient’, as is our custom.

Once we have seen below the surface of consciousness with any degree of insight, we become aware that normal equilibrium in the midst of stresses and strains within and without is maintained by the individual crystallizing out what Mrs. Klein calls ‘a system’, which works more or less satisfactorily in a reality-world. It is intricate and complex in each one of us, but if it works in a reality-world and is stabilized, we present a normal front to the world, and re-act according to our set pattern in minor and major occurrences. Our personalities take on, so to speak, because of this, definite shape and features. In the animal world certain defences evolved for self-preservation in dangerous environments, as, for example, great size, thickened hides, shells, wings, scent, fins, claws, horns. The cruder conflict for self-preservation in the midst of external dangers such as presented themselves to our uncivilized ancestors has largely passed away. An immense internalization of dangers has taken place since then, and our psychical struggle for self-preservation depends upon the issue of an intra-psychical conflict, upon the emergence of some stabilized character that can live and work in the world around us. We call it adaptation, but for each one of us it is an adaptation strictly conditioned and limited by the limits of our own psyche ; in other words, by an orientation of our impulses in such a way that we do, and think, and behave, as *unconsciously* it seems safe to us. One man is only safe psychically in facing external danger, in finding ever new physical difficulties to overcome in a reality-world ; he is an explorer, a pioneer.

.

Another is only safe in a world of thought, where he can deal with ideas and argument in words. His presence will be fled by another to whom argument is a disintegrating element. Each of these will have his place and value in the world. I need detail no further, for the variety of stabilized adjustments is infinite. Normality means the attainment of a stable mode of dealing with anxiety in a reality-world through the establishment of some 'system' in the psyche.

Hence I use the word 'analysand' to emphasize the fact that every student who starts the analytical task will soon be aware that his own problems present as great a difficulty as a 'patient's'. The person who starts as student may even find that he has a longer way to travel than the patient who presents himself suffering from definite mental troubles. A so-called normal person has found a more or less satisfactory way of dealing with anxiety, and does not therefore experience it as motivated from unconscious conflict. His task in analysis is as difficult as the one presented to us by conversion-hysteria. In the latter, the sense of guilt is nullified all the time by actual suffering. In the so-called normal person anxiety is allayed by actual doing, by successful sublimation, by a system of repression, by slight functional ailments, by blind spots. He has a system that really works in producing a comfortable psyche. This is eminently happy and successful for life; but it is not enough, and not satisfactory, for the person who would be a psycho-analyst. It means (unless the analyst is analysed) that the practice of psycho-analysis will be a thing acquired through the intellect alone, with no deep-seated understanding of those mental sufferings which, on the one hand, patients will bring, and, on the other, are the source of all that is finest in our civilization which is the outcome and sublimation of mental conflict.

The task before the normal person in analysis is a difficult and tedious one. It means the slow distilling out into its essence of anxieties that have hitherto been nullified and neutralized in actual life and so the facing of those anxieties in their true infantile form. It means tracking out the roots of sublimation, not for their disintegration and disappearance, but that a man may know himself from root upwards. With that knowledge, a subtle character-change occurs, due to the elimination of anxiety. One might say that only as deep-lying reaches of mind in the research-workers are drained of anxieties, shall we finally be able to evaluate and increase the scientific findings of psycho-analysis.

I start then by speaking of 'analysand', but you will see that I

believe the only 'analysand' worth counting on is the one who is willing to be a patient, when he is presented with the psycho-analysis set before him ; so that I make no differentiation between patient and patient, except perhaps this, that the so-called normal person has often a longer and more stubborn task before him in reaching the deepest levels of the mind.

THE PSYCHO-ANALYTIC TASK

The student in training comes to his analysis with the conscious object of being analysed for a set purpose. The patient comes consciously for the purpose of a cure for certain mental problems or disabilities, or for removal of symptoms. Once the analysis has really started, the same task presents itself in both cases. If we are anxious to 'cure', instead of to 'analyse' which leads to cure, we shall give to symptoms an emphasis of attention instead of directing it over a wider field of observation. We have to orientate ourselves afresh to every individual. We have never seen his or her like before ; and yet each patient will possess in all likelihood two eyes, a nose and a mouth like the rest ; that is, each will have an Œdipus complex, a castration dread, oral sadism, anal sadism, masochism, infantile omnipotence. These will not fail us. To know these familiar terms and to be able to detect these traits by this dream or that, by disconnected unrelated odd remarks or isolated acts in conduct or in dreams, is about as useful in understanding mental life as learning the names of the internal organs would be in understanding the intricate vital processes that keep the body alive. It is not true that the body is the sum of its organs. The live body has organs, but it is their functioning that is life.

Neither is a person's mentality a box of tricks, each with a separate label which we can affix neatly. It is an infinitely intricate living inner world, the dynamo of which is hidden. It is a dynamic set of forces, not static ones, with which we deal. In theory we must have our nomenclature, for science cannot otherwise proceed ; but to offer to our patients explanations of their anxieties, their real sufferings, their inhibitions, in phrases that belong to science, as for example, 'this is anal sadism', 'this is moral masochism', is to be of the blind leading the blind. It is of as much use in adult analysis as it would be in the analysis of a three-year-old. Sometimes, if not often, it is worse than useless. Have not many of us had the experience in early stages of our analysis of an immediate conviction of sin if we have been told 'that

is anal sadism, that is narcissism' ? This type of interpretation plays into the guilt reactions and is positively inhibiting. Scientific terms are for the analyst sometimes but the cover for moral indictments unsuspected by himself.

What is the analytical task presented to us and to the patient ? We have first the man's life as he is actually living it ; his work, his intimate relationships, his emotional attitudes to people and to life, his sublimations, his inhibitions, his positive disabilities—all that makes up his life. Our purpose in analysing him is not to find out his complexes, but to help him to find out why he *feels* like this, why he *does* that, what *prevents* him from accomplishing this task, why he has this symptom. To do this means unravelling the past, remembering forgotten incidents and phantasies, finding original patterns and how and where they were laid down. It means much more. If we are to get readjustments at all, it means that there will slowly come to consciousness desires and impulses that have been stifled and repressed, and others that have never been known in consciousness at all, whose presence can only be surmised and known at first by the vehemences of disgust and negation. Through this process, the analyst can only steer analysis to successful completion if his own integrity is whole. As Miss Searl has said, the analyst unites in himself the claims of both the phantasy and the reality worlds. The analyst must permit and sustain every rôle thrust upon him. Those rôles must be worked through and exhausted *via himself*. Neither must the analyst have any other goal than that of *analysing* the material presented to him, of understanding and penetrating to the recesses that are hidden. Analysts must be allowed their private predilections in their private lives. We keep our private ideals in spite of all analysis. We may privately prefer beech trees to cedars, that type of character to this, and have our private evaluations of what a worthy life really is and what is useful to humanity. But these things, eminently useful as they are to us, as individuals and to our necessary illusions, are of small importance to the world outside us, and most assuredly they are of no use in the consulting-room.

The person on the couch has his own problems, and it is not for us to envisage any result out of the analysis in accordance with our particular sense of values and desirabilities. I would here search the analyst's conscience with regard to the use of the word 'normal'. Do we hope that our patient will be so analysed as to emerge a *normal* person, or do we hope that by analysing resistances to resolve anxiety

the patient's own potentialities may be realizable? The first is to set one's *own* goal in front of the patient; the second is to set oneself the *patient's* unknown goal. Only as we can bear the unknown, only as we are not 'hot for certainties', shall we be able to let the patient alone. We do not know his norm. We do not know what his potentialities are. We cannot know until the task of raising repression and resolving anxiety is done. He does not know himself. If we are analysing to make people 'normal' instead of 'analysing', then we must look once more for our own infantile super-ego, look to see if normal is not meaning somehow our idea of good, our idea of perfect. There is the equally false conception of normality meaning lack of repression and ability to have easy sexual experiences. Neither is this the object of analysis, nor a psycho-analytical ideal. The ideal concerns only the analysis of resistances, so that there shall be the greatest chance of reconciling id and super-ego in the reality-life of the ego.

Hence, any analyst who departs from analytical procedure so far as to intrude his personality on the patient so that the patient gathers that his view of normality is such and such, that he values this quality or that type of mind or character, has diverted the analysis from its true goal. He sets up an attempt on the part of the patient to orientate himself on a partially real picture, or he sets up a reaction against some line of development that may really be the patient's own. The patient should gather nothing of the particularities of the analyst. The patient will assimilate from the analyst all the time—this I will refer to again—but the main assimilation should be that of courage to face the truth. The particular outcome of the analysis must be the result of analysis alone. The psycho-analytical task then is to help the patient to face the truth about himself, but the analyst must be convinced in himself that this task is not a destructive one. Some patients will thus express their fears, and probably all analysands at an early stage will be tempted to feel it so. Only a belief through experience carries the analyst through the periods of seeming disintegration that occur. Everything here depends upon our attitude to the unconscious, upon our recognition that the very forces that, repressed and unsublimated, work for undoing are the very forces that, canalized, make for health and mental stability. If patients persist in thinking that we are saying to them 'You must get rid of sadism, your anal sadism, your narcissism, etc., etc.', we detect that the infantile super-ego is still rampant and that no reconciliation with unconscious forces, and no understanding of them, has yet occurred.

Some time ago when I was attempting to work out further the problem of 'Hamlet', I realized that one only grasped its deepest meaning by seeing it as a theme that was essential for Shakespeare's own dramatic creations: that 'Hamlet' could only be understood in terms of 'Shakespeare'. This took me to a larger synthesis. You remember that the poet said 'All the world's a stage, and one man in his time plays many parts'. One thought of Shakespeare's actual life, the scanty records of it that remain. Yet those records are enough! We gather two main facts. One is that he had an unusually rich emotional life; the other is that there ran through his life a stable purpose which never flagged. To the house and property he had retrieved after his father's ruin he returned accompanied by all that befits old age, with friends and honour. 'One man in his time plays many parts'. Yet from the time of his leaving Stratford to serve as an ostler in London until his return there with fame and fortune, he played the rôle of *Shakespeare in life*, and not the rôle of one of the creatures of his phantasy. He was not Iago, or Brutus, or the Dane; and, to understand completely, we must also say neither was he Lady Macbeth, nor Viola, nor Rosalind. Yet the gamut of all those passions was within him. There we have a glimpse of the task in psycho-analysis. There lies the analytical drama. If patients can externalize in the analysis the many rôles the unconscious plays in phantasy, then they too can build an integrated ego in actual life. It is the analyst's technique that raises the curtain, and, if so fortunate, then he can play the part of interpreter. Here is the villain; this the hero; that the merciless judge. The plot was this: the phantasy, the childhood incident, the re-presented thing in life to-day are linked together, making a whole. All the time that the analyst is entering into the play and interpreting, he is saying, 'It is all yours. You made the plot, you invented the characters. It's your show, you must be the showman and the stage manager. You must command these creatures, not they you'. So that finally a patient learns not to be afraid either of his id phantasies or super-ego terrors, if they have played out their rôles in an analytical experience.

Here lies the link with the play technique in child analysis. In play a child dramatizes the inner story. In adult analysis it has to be tracked through dreams, phantasies, memories, and linked with the staging of present-day life. In that relegating of rôles, the infinite shifting, endless interchange of character—intricacies of super-ego, ego and id—the drama is being *externalized* and the patient learns what

he is doing, rids himself of the fear not only of his wishes, but of the nemesis that his wishes postulate for him. The external world becomes more and more a possible habitable world as he ceases to people it with his own terrors and punishments. We see thus what in adult analysis leads to sanity and adaptation to reality. We talk about raising repression, and uncovering memories. We all have experiences of a very clear psychological development gathered from patients, a good map, so to speak, and yet nothing dynamically changes for them. Technique fails. Perhaps it will be long before it is subtle enough to bring all the actors on the stage. One character has played the rôle too long to allow any other to show himself. Id or the ego, or the super-ego; Iago, or Fortinbras or Hamlet. The other characters are all there, and it means the readjustment of a life if we can persuade those others by some nuance of technique to take the stage.

I will proceed now to the setting of the actual analysis with some general remarks based on experience for the possible help of the beginner.

I always have a very short preliminary interview with a prospective patient before the analysis proper begins. Not being responsible for diagnosis, I can confine this to the question of times of appointments and fees. I make some reference to the reason for taking up analysis, but do not allow the patient to give this in any detail. I offer some very short explanation in very general terms of the method of procedure. The couch can be seen, and I explain that it has been found that the patient has greater possibilities of thinking and talking aloud if the analyst is out of sight. In speaking of fees I explain that the analyst's time can only accommodate a practice of a definite number of patients. He cannot fill up free hours that are caused through absences, and therefore the hours relegated to the patient must be charged for. Any alteration of this rule I leave until circumstances arise that must be dealt with in view of external realities and unconscious motives. I do not say this to the patient. I lay down the principle and only consider exceptions in view of exigencies as they may arise. This short interview will provide the analyst with some kind of information concerning the personality with whom he has to work, rough and ready information, it is true.

At the second interview the analysis begins. One directs the patient to lie on the couch at once, reiterating again that the position gives greater ease and freedom to the patient, and to the analyst too, explaining that the more freely the analyst can listen, the more easily

analysis can proceed. I always then ask what the patient desires analysis to do for him, to formulate his wishes as well as he can. When he has done that, I always say that I cannot fulfil his wishes. This is essential, because it is true. I cannot do these things for him. His goal can be reached by a strong determination to co-operate in following what is required of him, and this I tell him forthwith. I then tell him what is required, and I assure him that he will find that the values he sets upon his words and ideas will not be the values that they will ultimately reveal. What he judges as silly, unworthy, irrelevant, will not be a judgement that holds valid in such an investigation as we are undertaking. We have shifted out of the conventional, logical, moral world into a world of psychological meanings and his task is to say what comes to his mind, and to be assured that as he fulfils this request, so the analyst will keep faith with him. The analyst must keep this pledge. The patient will prove for himself that no judgement is forthcoming from the analyst. I assure him too that this ability to say what is in his mind will only come slowly, that he will learn to be aware, as time goes on, of thoughts and feelings that are an *accompaniment* to what he is saying, and that he will get on the quicker by voicing these, by breaking off the thought he is voicing in favour of the intruding ones, and that he will proceed quicker the more courage he gets to express anything that is disagreeable to him. The analysis begins, and one lets the patient begin where he will, with an account of his present difficulties, or a résumé of his life, as some prefer. It does not matter which, since before long any connected account will be brought to a close and we shall be in the midst of more haphazard remarks, and the analysis will have really started.

I make no prohibitions at the beginning of analysis, and no rules other than the cardinal one of the so-called 'free' associations. I have my doubts about even that of telling the patient he is asked not to make any radical change in his life, such as marriage, or a serious change in his occupation until after analysis. I prefer to deal with these things as, and when, they occur, and not to suggest them beforehand, because I find things of great moment in the unconscious can get linked with any prohibitions and be put off until 'after the analysis'. 'When I'm grown up', i.e. after analysis, 'I shall do so and so'.

I do not prohibit reading if I am asked for a ruling. I do not suggest it, but we must remember that every prohibition, even if it seems it might be an added leverage in analysis, always means that we are strengthening our rôle as super-ego, the prohibiting parent.

There are other details that arise for consideration. I have heard discussions upon such matters as whether the analyst should shake hands with patients, or help them on with their coats. I think these matters become important according to our own inner uncertainties, both about ourselves and about the patient. Let us take ourselves first. If we are of simple purpose and without pose, we shall be human and blest with common sense. For anything that occurs while the patient is not lying on the analytical couch, we should be guided by that tact and courtesy we should extend to a formal guest ; to that we can add in a very few days our knowledge of the type of person, though that knowledge may not be very deep. If my patient looks for the ceremony of shaking hands, I shake hands. If he, or she, is of the type who compensates for hostility, the type who can only express hostility by an assurance that the object knows 'it is all right', then I should shake hands : as, for example, where a patient begins by showing real grief at the memory of a mother who died years ago. When I gather that that mother was in reality a very worthy object of love and admiration, I know at once that this patient is going to have a great task in realizing the presence of unconscious hostility. Here I should shake hands.

A patient may start analysis with open expression of hostility and irritation at everything his mother does, at everything his mother says, her way of talking, walking, her mannerisms. I orientate myself accordingly. I do not shake hands. I give such a patient a casual nod when he comes in, and glance at him as he goes out. I say 'Good morning' as briefly as I can. A patient brings a coat into the room accidentally. He puts it on, or she puts it on, after rising from the couch, and then gets inextricably mixed up in it and struggles. The guide here is common sense. I should not rush at the beginning to help the patient on with the coat, but I should not let him struggle and get embarrassed. Here one acts as one would to a guest.

If a patient wept and had no handkerchief : if a patient had a cold and no handkerchief, I should lend one. If money for fares had been forgotten, I should lend it. Of course there are unconscious reasons for all these things, but if we are able analysts we shall deal with these same things not as separate manifestations, to be analysed by themselves, in the air, so to speak, but in their setting in the total analysis at the moment. The place for analysis is on the couch. When the patient is not lying on the couch, I treat him as a formal guest, and common sense and experience dictate what one does with a formal

guest. To be mesmerized by calculations, 'Should one, ought one, to do this or that?', in trifles argues a lack of ease in oneself, an anxiety due to deeper uncertainties in one's mind.

The patient will ask questions. Freud has said that the patient's questions should always be answered by himself. This is a golden rule, but it has its exceptions. We learn to sift these questions. We do not rebuff a patient by strong silence. We say 'If I do not answer this, it is because this is not what you really want to know. May we go on and try to find out what it is, and then you will find the answer?' We must by analysis find what a question means, and there may be many reasons for it. One cannot judge except by the context of the whole setting of the work. There are some questions that must be answered. If, for instance a young girl has not the true sexual facts, I should answer her questions and tell her. If contraception were a mystery and I were asked about it, I should answer. I should make quite sure of the ignorance first. I should be equally careful that I did not fall into the rôle of the secretive and timid parent of childhood. That is what I mean by sifting questions. A patient may ask for information about a present-day subject, making an unconscious attempt 'to try one out', so to speak. I find on this matter I vary. Concerning such questions I sometimes say 'Yes, I know that book, that play, that place', or on others, 'I do not know, I have not read, I have not been there'. Superficially, the analyst is acting in terms of reality here, demonstrating that he is not afraid of knowledge, that he is not afraid of ignorance either. This is a method of approach. It is the difference between a static, rigid method and a pliable one. 'Oh', says a patient, 'but last week I asked you a question and you did not answer; I wonder why you answer this one'. 'Because you are asking here a question which if I answer will give you freedom to tell me more. I know the book. We both know it. That makes you feel easy, and you can talk freely now. What interested you in it?' or, 'I don't know it, you tell me about it. Last week you remember, you asked one question, then another, then another. I did not answer because if I had answered nothing further would have been opened out from the answers. My answering would then have meant a full stop, not a further expansion of your thinking'.

I think this is a guide in either asking questions of the patient oneself, or in answering or not answering questions put by the patient. Is one opening up a way for the patient to tell more, reveal himself more? Will he do it better by assurance that one knows (which end is served

also by confessing ignorance) or will he keep on revealing things better if one keeps silent? Will a wild creature of the woods come into the open only when assured no one is watching, no one stirring, or does it need assurance that it may venture out?

There are two things to be kept in mind by the beginner, and I would add, these same two things the experienced analyst never must forget. The first is a real conception of the patient's task. He has to externalize in thought and feeling the inner drama. I have given you the analogy of Shakespeare's plays. If we see this task, then our first function is always to think of technique as a method by which we can help any individual patient to get on with this task. If we are not free from anxiety, we shall put up our own barred door. We shall not welcome Caliban, or Iago. We shall dismiss Titania as a shadow, and despise Bottom as a silly ass. If we do, they will not sport on the stage.

The first task is to get the patient to tell us and to tell us more and more. In this telling we must 'go' with the patient. Empathy is the important thing. He will not go with us unless we go with him. We can see what he cannot, but we cannot make him see what we see unless we see first with him. I would put this necessity first in technique because it means we shall ask the right questions and approach resistances in the right way. We shall not oppose resistance to resistance, silence to silence, but shall be searching all the time to help resolve the difficulty. We shall know that the mind is built up on analogy, that for the abstract thing there is an equivalent concrete one. We shall encourage the patient to find analogy, simile, for his difficulties in expressing himself. Similes are the surest guides. Again I would point out the resemblance to a work of art. I will give you an example.

A patient comes in a quarter of an hour late. He says 'I wish I could get here on time. It's a week now I've been late. I hate being late. I ought to be early'. He pauses and sighs in desperation. I fill the pause. 'But as it works out it seems as though the "ought" is in another direction. The "ought" you feel in connection with the present is overweighted by a deeper "ought" which makes you consistently late. We really want to know why you "ought" to be late.'

He thinks a minute and replies: 'Well, for example, I could quite easily begin now and get my tennis kit ready for next summer, but I shall postpone it to the last minute'. Then I reply, 'So it's really a problem of being too early? You ought not to be too soon'. Then he

goes on, 'I was late to bed last night, but wide awake early. I went to a pantomime. Not bad, but it might be better'. Pause. Here I do not wait for free associations. I 'go' with the patient's interest. I say at once, 'How would you make it better?' 'Oh', he says, and shrugs his shoulders and laughs, 'It's too silly, but one compares with the pantomimes one remembers'. I recollect pantomimes myself at that moment, and I reply, 'They were marvellous. What was so disappointing last night in comparison?' That convinces him. In a few minutes the child in the adult is telling me of the wicked fairy. 'There was only a feeble bang when she appeared, and of all miserable disillusionments the worst, she walked on from the wings instead of coming out of the flame with the bang'. Then I learn this. At the first pantomime he ever went to he arrived late with his nurse; the performance had begun. The most marvellous thing was a long fur tail that came from under a dish-cover and shot across the stage. The patient continues with detailed descriptions for nearly the rest of the hour. Finally he tells of how he remembers the funny man who caught his coat on something at the top of a flight of stairs and fell headlong down. The next time he appeared on the stairs he was very careful of his coat but his sleeve caught and he fell down again. The next time he appeared at the top of the stairs he had a tea-tray with him, and forthwith slid down the stairs on that. By this time the patient is convulsed with laughter instead of being in the despairing mood of his entry. The hour is finished. I have no time to give any interpretation but I know one factor in his lateness. I shall confirm my surmise by subsequent hours and correlate things that come later with this hour. I know what to look for. The main thing in this hour has been the release of that glimpse of childhood. He has told me that the time he saw the fur tail perform so wonderfully he went in late, the performance had begun. He has told me that accidents that make a person appear ridiculous are a cover for a child's desire to perform up and down the stairs with agility. I have gathered that there is permission to go in late after the performance has begun, but that he really wishes to be there before it starts. How did that fur tail get under the dish-cover? Suppose he came as much early to analysis as he is late? Then he would know who was in the analytical room, and see what went on there. So I infer we are on the theme of wanting to see and know about parental intercourse. He is envying the father's virility.

We must be able to go along with the patient in his interests, his complaints, whatever they are, in order to know more about them.

At the same time that we are listening to the content, noting the theme, we shall learn to become aware of other revealing things, such as characteristic methods of expression, recurrences of a theme in another setting. We learn to see a recurring pattern. We get a fragment of a pattern at a time. It takes a whole analysis to see the whole pattern. Therefore we must be content with little interpretation at a time. We cannot interpret *every* time. We may take more than one hour to see one point clearly, but one small elucidation and to the point is enough and satisfactory, and worth many dissertations of a theoretical nature. If one cannot interpret anything clearly, but surmises some possible explanation, then one must say it *is* surmise, and that there will be confirmation if it is a fact. If the picture is too befogged, then one may say without fear of loss of prestige, 'To-day we have done spade work, to-morrow we may see the result'. We are not magicians, and to act as if we were prolongs the magic that we are trying to bring to consciousness in our patient's mind.

It is an important thing that we should not overemphasize the significance of dreams. They have their place. We get an immense help from them, but work that degenerates into symbol-hunting from dream material is not analysis. The dream, to be understood, will fit into a setting that has at once a reality stimulus, contains repressed memories, and has an unconscious significance, and the exploring of each facet will alone give the whole truth. It may well be in any given hour that only one aspect will be seen. The dream should occur in the analysis in its due place, not sought for, and attention should not be concentrated upon it to the exclusion of other things.

Another aid to the analyst is the power of recall of the previous hour's work. I do not here refer to the unconscious storage that goes on of all the main important facts, real and psychical, that belong to the analysis, which the analyst calls to his bidding when needed, but rather to the previous hour's analysis as a whole, the point reached, the unconscious theme that was being worked. By such recall during the succeeding hour either fresh light follows or a new theme is opened, and by such shifts one judges either further progress or where the resistances and anxieties are, and with what associated. I cannot emphasize enough the help that this power of recall will give. To illustrate what I mean: say an hour's analysis has brought to light the significance of a resistance. The next hour the patient arrives with every evidence of turmoil in the mind. The patient is in distress about some present situation. One gets an occupation of the mind with a

current event. One begins the hour by listening, following whither the patient leads but picking up no clue as to the unconscious. There is nothing to show on to what the disturbance is hinged. When this happens one needs to think back to the last hour, remember against what the resistance was directed. Under cover of some external reality the patient is probably working off anxiety concerning the unconscious impulses which are nearer to the surface through the last hour's work.

We can make use of all actual occurrences connected with the analysis. Every detail of coming and going can give news of stress and anxiety. Any departure from usual custom is to be observed, such as a coat habitually left on a peg being brought into the consulting-room, or a handbag being left behind. The patient is late or too early. I note these things but I do not forcibly bring them to the patient's notice. I refer to them if during the hour they can naturally be hinged on to the unconscious theme. To bring them forcibly into daylight, to drag them in, so to speak, is to put the patient on his guard, to give him the unpleasant feeling that some detective is at work. We want him to be off his guard, we want him to be spontaneous, to be natural, forget, make slips. The more this happens the more we can get into touch with his unconscious. These are precious trifles for us, and above all we must not so interpret them that he will be careful *not* to do what he has done in the future. They can be so interpreted as to help the patient to see that these absent-mindednesses and slips are all grist to the mill for the accomplishment of his task.

Not many analysts have had the good fortune I had in my first patient. I doubt if another lay analyst ever will. I was entrusted, as I ought not to have been, with a psychotic patient who had recovered sufficiently to be discharged from a mental home. I was too conscious of my ignorance and too frightened to do much interpretation. I listened for over twelve months for an hour a day to her. I did little more than employ every ruse I knew to get her confidence. I was fascinated by the phantasy periods. We walked about the room at these times. She explained to me certain things about the stove, the hot-water pipes, the electric bulbs, the switches. They were all the hiding-places of evil powers. At other times she went over and over again the years of childhood, in which her learning difficulties had been insurmountable. In this wearisome reiteration we yet reached fresh facts as the cycles returned. It was a useful experience as a foundation of technique to see how this patient gained a greater reality sense

through the co-operation of the would-be analyst who, by entering into her phantasies and so getting more of them, helped to remove suspicions. By this very freedom to elaborate the phantasy-life, the patient got more grip on reality. The foundation of technique lies there.

I would like to illustrate from another case for beginners. It is true that here again was a psychotic element which always means wary walking, but since I have found the same necessary precaution in other types of cases I cite the pitfall. In the case I mention the patient gave for nearly three years the same consistent picture of her childhood as disciplined, suppressed and colourless. Now that picture was false in *fact*, as subsequent analysis showed. She had been an almost intractable child and nurses and governesses had more than they could manage to cope with her escapades. Yet the patient told no lie. What she held true was due to the mandate of the super-ego. Her childhood ought to have been like that. She had forgotten naughtiness. Similarly I can think of a patient with a strong reality-sense who, when preparing gifts for her own children at Christmas, remarked to me, 'Now if only *my* mother had given me gifts like these, a grocery shop with real bags of flour, real rice, real scales, how different life would have been'. 'Oh, think again', I said. She paused and, amazed, said, 'What am I saying, it's the very thing I did have!' In this case, it was some time after the beginning of analysis that we found her childhood other than she had at first emotionally apprehended it. Here is a pitfall that the beginner can avoid. The picture given of childhood and of parents is to be taken as true for the patient for definite psychical reasons. The patient is not lying, but we must wait for actual facts, and find those facts as time goes on. We must be alive to every hint given where the psychical result does not tally with the facts. That departure from reality is going to give us some important truths concerning the patient's difficulties.

I leave special difficulties the analyst encounters, such as initial states of anxiety, for a later lecture. I am sure, however, when an analyst is confronted at the outset with a patient who acts like a naughty or terrified child, a knowledge of how child analysis is conducted is helpful. One may never have taken a child's analysis, but a knowledge of the technique of child analysis, and of how interpretation is given by means of understanding the behaviour of children, will be helpful in the handling of patients who start in an intractable state. We may at least have a clue to finding the right thing to do if we have heard of the experiences analysts have had with children in anxiety states.

FINAL PHASES OF BELIEF FOUND IN RELIGION AND IN OBSESSIONAL NEUROSIS

AN INTRODUCTORY COMMUNICATION

BY

THEODOR REIK

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Every scientific communication is of a tentative kind. If the introductory character of the present contribution is specially emphasized, it is because the author can here only give outlines instead of details. Moreover, the three sections, taken from a larger context, make no pretension to the degree of approximation to truth which scientific publications generally claim.

I have been concerned to show through what phases religious belief passes to its end, and to carry the comparison between religion and obsessional neurosis as far as the final development of both phenomena. This I shall do by consideration of three examples of representative character rather than by methodical investigation. I have striven after essentials rather than completeness. This communication must be considered as merely introductory also for the following reason : the analytical discussion of the problems will be carried only a little way and broken off at a certain point. The problem is stated and the kind of solution possible indicated, but the solution itself cannot be given here. It could only be attempted on a much broader basis of religious science.

One of the motives which determined me to publish such incomplete matter was the realization that the science of religions has not even remarked the existence of the problem here raised. This discipline, which investigates the origins and manifestations of religious life, has not hitherto had sufficient means to open up and state such questions. This has only become possible through psycho-analysis, which enables us to examine the essential mental processes that determine religious experience at depths hitherto inaccessible to investigation.

The three examples here given show the manner in which the mental motives and mechanisms characteristic for religion work out in the decadent and transitional forms of this social phenomenon. The first example is taken from the field of religious practice itself ; the other two appear to belong to an entirely different atmosphere and to have nothing in common with the assumptions and aims of religion. The

analytical point of view is able, however, to show in these too the effect of the same psychic forces which give religious experience its characteristic content and special form. It is perhaps unnecessary to explain at length that the following comparison between religious phenomena and those of obsessional neurosis can only explain a part of the psychological connections between the two that in fact exist. One cannot give more than one has.

(1) PIA ET IMPIA FRAUS

According to the rules of the Israelitish ceremonial religion a good Jew may not extinguish a light on Friday evening. It happened that I came to know a man who had devised an ingenious way of illumining his Friday nights and yet going to sleep in the dark without, as he thought, breaking the commandment. He wanted the light extinguished at a certain hour, but was too religiously conscientious to turn it off himself. He rejected the method adopted by many Jews: that of persuading a member of another religion to put out the light at a stated time. He would, he thought, lead no one into sin, not even an adherent of another faith. His house was illuminated by gas. The following extraordinarily ingenious method occurred to him: he fixed an alarm clock to the gas-tap in such a way that the spring, in running down, automatically closed the tap. On Friday afternoons he set the alarm to the hour at which he wished the light extinguished. When the hour came the alarm sounded and simultaneously turned off the gas without the lifting of a finger by the pious believer. Clever though he was, he could not be convinced that his whole action was in effect a ruse carried out against the deity. No clear thinker will deny that an evasion of the religious prohibition was thus achieved while exact adherence to it was made to serve the purpose of the evasion.

This form of observance of a commandment is quite comparable with those obsessional symptoms in which healthy thinking is fused with obsessional thinking into an apparently homogeneous pattern. Reality forces an entrance into the realm of obsessional phenomena and demands consideration. There are mixed formations in which the obsession is indeed partially obeyed and at the same time transgressed. In a certain phase of the development of these disturbances the obsession is obeyed and yet, in one and the same activity, broken through in such a way that the greatest triumph of the repressed impulse is secretly involved in the most exact and conscientious obedience to the obsessional commands. Here is an example: A girl with obsessional

neurosis is obliged to convince herself several hundred times a day that the water-tap in her bathroom is turned off. The analysis finds the origin of the symptom in a sexual scene with the girl's lover. At that time she had experienced fear lest an ejaculation by the man might occur. Her obsessional act had therefore the character of a precaution, but at the same time it gave her opportunity to touch and play with the water-tap. In a later phase of the development of her illness her precautionary action became more and more a mere opportunity for turning on the water-tap while she nevertheless desired to convince herself that it was closed. But her turning on the tap occurred precisely when she attempted to carry out her obsessional precaution.

In the final phases of the illness the compromise nature of the obsessional symptoms will undergo a change in a certain direction: the original repression of proscribed impulses becomes weaker and the share of the hidden satisfaction of instinct becomes clearer. We know from the analytical investigation of the symptomatology of obsessions that a decisive breaking through of those originally repressed instincts characterizes the outcome of many obsessional neuroses.

The strongest intensification of obsessional conscientiousness, as also of religious conscientiousness, which characterizes the final phases of both processes, leads compulsively to an irruption of the proscribed impulses. The opposing underground current bursts through just when the believer is most painfully intent on the observance of the religious commands. The extreme of religious veneration is consequently often threatened in a startling manner by a sudden irruption of opposite feelings. Anatole France once described in conversation¹ the strong impression made upon him by the confidence and familiarity shown to their God by the pious citizens in Rome. A simple Roman tradesman's wife once came to the high altar with her baby on her arm. The child made as if to grasp with its innocent hands the white Host, which it took to be a sweetmeat or butterfly. The priest gently pushed the small profane hand away: this scene was repeated two or three times. At last, in order to protect the angel's bread from unholy contact, he had to whisper warningly, 'Nasty, my pretty one, nasty!'

(2) AN OBSESSIONAL NEUROTIC PLAYS PATIENCE

A lady, ill with obsessional neurosis, boasts of being a complete free-thinker in religious matters. She performs no religious duties,

¹ From Jean Jacques Brousson: *Itinéraire de Paris à Buenos-Aires*, Paris, 1927.

mocks at the credulousness of others, and jokes frequently about religion. She likes to play patience. In this game, as is well known, one plays generally alone and lays the cards upon or alongside one another in a certain series. If the number of cards works out on the accepted principle, the player has won. This is the simplest and certainly the least frequent way of playing patience.

This lady plays patience under the conditions which are certainly most commonly laid down by players of the game. Before she spreads the cards on the table and arranges them, she thinks, for example: 'If it comes out, this and that which I wish will happen; if it does not, my wishes will not be satisfied'.

It is clear that this more general form of the game constitutes it an exact modern substitute for the oracle. The question which is submitted to fate is then answered by the favour or disfavour of the cards. This fortune-teller by cards corresponds to Pythia, the priestess of Apollo, from whom Greek women enquired their future. The game of patience is one of the modern forms of the oracle, and differs in no essential from the aruspicy of the Babylonians. Patience instruction-books correspond fully to the 'Handbooks of Sooth-saying' which have been handed down from the time of Asurbanipal. In the days of the Hammurabi Dynasty ² (about 2230 to 1930 B.C.) the aruspicy had already been elaborated into a complete and complicated system which, psychologically considered, corresponds to the rules of patience. The difference between results and methods of interpretation in aruspicy and the corresponding processes in patience is almost negligible. We are acquainted with much of the aruspical ceremonial of the ancients through the reports of priests, e.g. from the text written by a priest about sacrificial inspection which took place before the deified King Hammurabi's statue on the 21st of Adar in the tenth year of the reign of his great-great-grandson Ammizaduga (1975 B.C.). There is a striking parallel between 'If the station is long, so will be the days of the prince', and the method of interpretation, 'If the ace falls on the king of hearts my life will be long'.

We may compare, for example, the unfavourable ending of a game of patience and its interpretation with the Babylonian beaker-prophecy with which we are acquainted through two 'Handbooks' (perhaps of the period 2230 B.C.). 'If the oil (poured into the cup) melts and fills

² Cf. Arthur Ungnad: *Die Deutung der Zukunft bei den Babyloniern und Assyriern*. Der alte Orient, 10 Jahrg., H. 3. Leipzig, 1909.

the cup, the sick man will die.' We now know through analytical investigations that the same kind of thought-process, having the significance of an unconscious oracle, plays an important part in the symptomatology of obsessional neurosis. Freud has shown us from what psychic motives it springs and what end it seeks.

However, we will not discuss further here the manifold forms in which the oracle of the ancients continues to flourish in and around us. We will confine our attention to certain mental processes in the lady who plays patience. She informs us that she does it only for distraction, for pastime; but her tone, as well as her later and more sincere account, shows us that she does not consider and experience this game only as a game. In this way we are certainly reminded of religious ceremonial by the conscientious observance of the order of precedence of the cards in patience. What, for example, is the significance of her hesitation whether to place on top the knave of hearts or the knave of diamonds? She explains: knave of hearts stands for her friend; knave of diamonds for her husband. Has her hesitation shown nothing more and nothing deeper than doubt about the order of the cards? Does her hesitation arise only out of the conventional system of card-values? Does the play become serious, or is it not rather that reality hides itself behind the play?

Through her further communications in the analysis we remark that she takes the game oracle more seriously than she pretends. At least we receive this impression from the long consideration of the questions to be put, through the ever-reappearing doubt and her attempts to conquer it. One of the questions is: 'Will Franz (her husband) get a post in the next six weeks?' Doubt enters: 'In the next six weeks' is too indefinite. 'The next' might mean the weeks forward or backward. Also the time is too short. It should be: 'in the next calendar year'. 'Calendar year? But does that mean the now accepted calendar year? Do I mean the Gregorian calendar? There is also a Jewish calendar. What about the Russian calendar?' We see that the doubt is now transferred to the calendar and will lead the patient to meditations about it, and so hinder her from her project of consulting the oracle. Questions now appear such as: 'Do the Russians still hold to their old calendar, now, after the Revolution?' Calendar, that leads back to the ancient Romans. 'The Ides of March—on the Ides of March Julius Cæsar was murdered.' The intended question was never put; new doubts kept thrusting themselves before the execution of her intention. When we follow the chain

of association we recognize that the doubt represents unconscious impulses of enmity which become clearer in the final association (murder of Cæsar). We recognize then also the unconscious motive which hinders her in carrying out her intention. It is the belief in the omnipotence of thought.

In connection with the doubt the text of her inquiry is now made exact, fixed, examined, repeated, criticized and corrected. For example, one may not ask 'Shall I find a flat in three months?' but rather 'Shall I find for myself (not for others) in Berlin (not elsewhere) a suitable flat (not any sort of flat) within the two months starting from to-day (not any time)?' Naturally the oracle of the cards is asked later as to the probable termination of the analysis: 'Will my treatment finish within the year 1929?' While she begins to lay the cards, the first doubt arises in the repetition: 'Will my treatment . . . Who is being treated? I or Dr. R.? Am I perhaps treating Dr. R.? I must ask. Will my cure be finished in the year 1929? How "be finished"? I must say: successfully. What sort of success? Do I not desire another sort of success?' The new text is repeated but a new addition is found to be necessary: 'Will the analysis come to an end by Dr. R. declaring it concluded? He can call it concluded without being satisfied with the result. I must say: declaring it to be concluded satisfactorily'. While the card still hovers in her hand, before being put on the table, a new doubt appears and must be answered. We recognize here how the unconscious hostile constituent of the ambivalence finds ever new modes of expression. The doubt which represents this hate is naturally directed also to the unknown power which is to impart the answer.

We find the same phenomenon as an expression of a decline of religious belief in antiquity. From a wealth of examples we may select an inquiry which was directed to the sun-god Schamasch and which belongs, according to the judgement of scholars, to the seventh century B.C.³ The petitioner expresses his question in the form of a prayer in the following ceremonial manner: 'Schamasch, great Lord, answer with firm assent that which I ask thee! Will either Kasch-tariti with his warriors, or the warriors of the Cimmerians, or the warriors of the Medes, or the warriors of the Mannæans or any enemy whatever carry out their plans within the period from this day, i.e.

³ Ungnad: *Die Deutung der Zukunft bei den Babyloniern und Assyriern*, p. 13.

from the third day of this month, of the month Ijar, till the eleventh day of the month Ab of this year, that is within these hundred days and hundred nights, the time fixed for divination? Will they take the town of Kischassu by storm or violence or might of weapons, battle and conflict, or by breach or other destruction of the walls, by instruments of siege of any kind, or by starvation, or by calling upon the name of a god or goddess, or by friendly talk and agreement, or by any stratagem of war which leads to the taking of a town? Will they get into the town of Kischassu? Will their hands conquer the town of Kischassu? Will it fall into their hands? Thy great divinity knows it! O Schamasch, great Lord, has thy great divinity commanded the capture of the town of Kischassu by the hand of any enemy from to-day to the end of the period I have mentioned? Will it be seen? Will it be heard?'

After a prayer in which the god is asked above all graciously to overlook any ritual error, the inquiry is repeated more briefly:

'I ask thee, Schamasch, great Lord, whether Kaschtariti with his warriors, or the warriors of the Cimmerians, or the warriors of the Mannæans, or of the Medes, or any enemy whatever will capture the said town Kischassu and enter it, whether their hands will conquer the said town and whether it will fall into their hands from this day, i.e. from the third day of this month, the month Ijar, till the eleventh day of the month Ab of this year?'

After the sheep chosen for the sacred ceremony had been slaughtered, the animal's liver was thoroughly examined by a priest specially trained for such work and the observations at once noted. These notes were appended to the inquiry and the whole was given to the college of augurs.

We recognize in the special exactness and precision of the wording of the question the same uncertainty and the same attempt to master it: the question is to be beyond all doubt and guarded from every misunderstanding. The most precise formulation of every detail shall exclude every trick of fate. My patient rightly quoted the example of legal verbiage as a parallel. A well-drawn agreement protects one from litigation.

The analyst will easily recognize where the hidden motives of these attempts are to be sought. The oracle is to give the applicant peace from the unconscious anticipation of evil which constantly oppresses him: it is to give information about all threatening dangers and so help toward their avoidance. A view into the mental life of sufferers

from obsessions shows that this excessive foresight has its sufficient psychological grounds: it is to ban the anxiety which ever and again appears in the patient as reaction against his unconscious malignant and cruel desires and impulses. The powers of fate of which inquiry is made are, through retributory anxiety, imagined as specially evil and cunning. The imagination of this treachery reflects the anxiety of conscience of the patient himself. We must assume that the oracles whose sayings are reported by the writers of antiquity gave occasion for the same extreme distrust. Their puzzling sayings have led many mortals astray and the gods who gave the oracle seem unable to foretell the outcome of an undertaking with much more certainty than were the worshippers, who turned to them for help and advice. Or were the gods only envious and jealous; did they intentionally speak with two tongues and make their information ambiguous in order with the greater certainty to lead their questioners to ruin? We know little of their nature; but it appears as if doubt were active in the believers even while they pressed forward to question the oracle, as if in their own selves forces of conscience strove against the execution of many of their plans. The ambassadors of Cræsus who asked the Delphic Oracle if he should take the field against the Persians received from Apollo the answer: "If Cræsus attacks the Persians he will destroy a great kingdom". Had not the commander an unconscious disinclination even before the campaign? Does not his false interpretation of the oracle show that in unconscious desire for self-destruction he willed and wished his own downfall?

The doubt does not show itself merely in the form of the question. It shows itself in the prohibition against putting some questions at all. For example, my patient may not put certain 'final' questions. She is in fact afraid of an undesired answer of Fate, an answer which might then appear irrevocable. Here again appears in the background the belief in the power of one's own secret thoughts. Specially important desires are not expressly betrayed to Fate at all. Certainly it is possible sometimes to disguise these questions so skilfully that they cannot be taken as direct expression of those desires. But in that case one cannot be surprised if the revelation of the patience-oracle is so ambiguous that it may be understood positively and negatively, and that its symbolism is not clear.⁴ The doubt which has already been

⁴ The ambiguity of the Delphic Oracle was notorious. The symbolic character of the answers of Apollo is well known.

shown in the putting of the question will be recognizable in the answer. So the patient dare not put questions touching her deepest interests ; or such as, being answered, would decide the destiny of those next to her. She must, therefore, carefully examine her questions before playing patience ; she must exclude many as ' too important ' and choose in their place others of less importance, and must again and again examine the importance of these. She is often compelled to interrupt the question already put, because a scruple suddenly arises in her. We have here, therefore, precautions before the performance of obsessional acts, with a defensive ceremonial quite analogous with the ceremonial which, perhaps, the Babylonians had to carry out before the oracle of casting lots, or the Roman augurs before observing the flight of the birds.

Naturally, the patient may only ask the things she wishes so long as they are not of ' the greatest importance '. Rather more important questions may not be spoken aloud even if at all. The constant observance of all possible foresight and care, the ever-renewed doubt and its removal or justification ensure that a game of patience lasts many hours—if it is ever ended at all. In fact the unconscious disinclination will often win, through forgetting a question, through breaking off the attempt as being too important or too unimportant, or through confusion of the wording by continual alteration. All these are phenomena with which the science of religion can show numerous analogies.

In the analysis of this obsessional doubt it becomes clear that it is anxiety through anticipation of evil which hinders the patient in carrying out the patience-oracle. This anxiety is not at all allayed when the game ' comes out ', i.e. when Fate appears to give a favourable answer. There awakes then a new doubt, whether the favourable signs were not falsely interpreted, whether Fate will not carry out its hidden evil intentions just when one believes oneself saved. All religions and the superstitions of all peoples show the same fear of this ingenious sophistry which seems to be characteristic of higher powers. Legend ⁵ relates that Pope Sylvester II. (999-1003) made a pact with Satan when studying in Cordova. By the devil's help he learned geometry, algebra, botany and other disreputable sciences. Even the art of becoming Pope, together with other tricks, he owed to his devilish instructor. By the agreement which Sylvester made with the Prince

⁵ Quoted by Heine in *Elementargeister*.

of Hell, his soul was to belong to the latter should he end his famous life in Jerusalem. It is not certain whether Sylvester still hoped to ensure his soul's salvation, or whether a stay in hell appeared to him very unpleasant. In any case he took great care not to go to Jerusalem. One day, however, as he read the Mass in a chapel in Rome, the devil came to take him away. As the Pope resisted this demand, his partner pointed out to him that the chapel in which they were bore the name Jerusalem. The conditions of the agreement were fulfilled; the sinful soul had to go to hell. According to Dante's narrative,⁶ the devil with mocking laughter whispered in the ear of the outwitted Pope: 'Tu non pensari chi'o loico fosso'. (You forgot that I am a logician.)

(3) THE INSURANCE CONTRACT

In both previous examples a definite personal attitude to religion was present. In this attitude a student of the psychology of religion who is analytically trained can point out unmistakable signs that the person concerned unconsciously desires to free himself from religious belief. In the composite formations, however, the omnipotence of thought, anticipation of evil, reactions of precaution and defence, which rule the attitude of religious and obsessional individuals, will nevertheless always make their appearance.

As distinct from these cases relating to individuals, a social institution, that of insurance, shall now receive our attention. By insurance we understand, as is well known, a contract according to which one party undertakes to make good damage which the other may sustain through an accident specified in the contract. (This lengthy but inadequate definition is taken from the dictionary.) The one party to the contract is usually the individual; the other the State, a province, an insurance company, a friendly society, etc. We distinguish property-insurance against destruction or damage (e.g. by fire or hail, crop-failure, breakage of plate-glass windows) from personal insurance (against accident, illness, old age, etc.). Usually the one to be insured fills up an application-form which contains certain questions. After this has been accepted, he receives the policy. He pays, once or periodically, a fixed sum called the premium. Through the payment of premiums, which are based on statistical calculation, he has the right to receive a certain sum or compensation from the insurance company when the damage is done. If the amount paid in premiums

⁶ *Inferno* 27, V. 123.

does not cover the company's obligations, the latter must provide the difference. The premium required from the insured is always a gross premium, i.e. it includes certain additions to the mathematically calculated rate, the net premium. These additions are intended to cover costs of management and the formation of reserves (for security and to meet emergencies).

The history of insurance institutions has not been investigated sufficiently, but it appears to be certain that the ancients had social arrangements similar to insurance. The *Collegia tenuiorum* of the Roman imperial period correspond, perhaps, to modern burial societies; the Greek *Koinonia* fulfilled approximately the function of modern marine insurance. Marine insurance continually increased in strength in the Middle Ages. The seventeenth and eighteenth centuries were already acquainted with the beginnings of fire, annuity, and life insurance in England, France and Germany. Our time sees a great development and extension of insurance. We recognize and admit increasingly the social value of insurance. The internationalization of insurance as well as its application to large-scale industry are signs of this recognition; which is shown also by the tendency toward State insurance, the increase of insurance legislation, and the appearance of a separate science of insurance.

Personal and property insurance, the social advantages of which need no explanation, obviously form a common-sense arrangement based on rationality. My thesis is that this social institution forms a modern substitute for various religious arrangements which were based on certain creedal assumptions.

Such a thesis may seem fantastic at first, and this impression is due to the specially strong rational element in insurance. To bring out the essence of my thesis I propose first of all to exclude the money category, which is a modern part of the insurance contract, originally unrelated to the world of religious phenomena. The quintessence of it then appears as a defensive measure on the part of man, who wishes to safeguard himself from the consequences of accidents and thinks to attain this end through voluntary offerings to a certain power. Here, however, we stand on familiar ground. We can distinguish, at first faintly, the subterranean connections which relate the modern institution of insurance with the ancient phenomena of sacrifice and the vow. We cannot here inquire what differences exist, historically and psychologically, between sacrifice, the vow, and prayer; and a review of the investigations of religious science must also be postponed to another occasion.

I will only mention that religious science has shown that there are various forms of sacrifice : offerings of homage, of gratitude, of atonement, etc. The general content of sacrifice is the surrender to the divinity of a valued part of the believer's property. In the course of the development of a religion the sacrifices change : originally they are regarded as being purely material ; the gods take pleasure in the flesh and blood of men and animals. Soon only animals, and not human beings, are sacrificed ; later these too are replaced by inanimate objects. Finally renunciation of desire is regarded as the only sacrifice which divinity appreciates. The 50th Psalm already makes known that Jahveh sets obedience above material sacrifice.

The regulations about the kind of sacrifice, time and form of its performance are very exactly laid down in highly organized religions. The rules of sacrifice must be strictly observed. In later Roman times sacrifice acquired increasingly the character of a commercial contract : *Do ut des*. The decalogue of the cult already contained exact rules in regard to offerings which were later discussed in their smallest details.

Psycho-analysis is now in a position to explain all these various forms of sacrifice as differentiations of a single form. Offerings of homage, gratitude, atonement, etc., are developments and transformations of the precautionary offering which is intended to ward off a threatening evil or an expected punishment, to assuage the anger of the gods. This tendency to sacrifice is often enough unconsciously exhibited in the mental life even of the people of our time, who have emancipated themselves from sacrifices and belief in them. In his *Psychopathology of Every-day Life* Freud has shown by analysis of various examples that many otherwise incomprehensible actions have unconsciously the significance of sacrifice. The symptomatology of the obsessional neuroses shows the same phenomena, together with the premises on which they are subjectively based.

Sacrifice in ancient religions was a communal act of the tribe. There were, indeed, offerings by individuals but these represented a late and derived form of the religious activity of the tribe. Sacrifice needed, so to speak, the sanction of generality. The promise of a future sacrifice is known as a vow. It consists generally of protasis and apodosis. The first sets forth the condition under which the believer will carry out his promise of sacrifice. The form is generally this : If Jahveh is with me and fulfills my hopes, then I will sacrifice this and that to him (Gen. xxviii. 20ff.).

Vows are related to and derived from sacrifice ; they consist of a solemn promise to perform an act when a certain condition is fulfilled. Their connection with sacrifice becomes clearer when one remembers that the content of a vow was in most cases, and certainly at first, the performance of a sacrifice. Many vows have the character of sacrificial prayers. In many others a full or a partial pre-payment is made to the divinity, which is, as it were, thus compelled to grant the prayer. The careful study of religious development shows that more numerous and more complicated conditions become coupled with vows, which thus acquire the character of contracts. They assume, so to speak, commercial forms, and one frequently receives the impression of a bargaining with the deity when studying the documents of the later period of an ancient religion.

The comparison of religious phenomena with the institution of insurance appears now not quite so paradoxical. In one case, as in the other, the primary concern is to ward off a dreaded evil or, at least, to soften its consequences. Where the man of old went hunting to obtain a sacrifice to propitiate the divinity and so protect his life against a threatening danger, the man of our time will insure himself against accident. As viewed by depth-psychology the payment of a premium corresponds therefore to a sacrifice, and we can rightly compare an insurance contract with the votive tablets from ancient Babylon, containing a promise of sacrifice to Istar on condition that a danger be averted. The modern form of sacrifice returns also to the original form in which the sacrificer voluntarily resigns a part of his property to the deity. The forms of sublimated sacrifice are seen, in the light of religious science, to be secondary. In insurance again, a portion of material wealth is sacrificed in order to obtain protection against too extensive consequences of a possible misfortune. The times of sacrifice correspond to the dates at which premium payment becomes due ; the insurance conditions to those exact and commercially precise formulations concerning the amount and mode of offering of a sacrifice. Not God, but the State or a society appears now as partner to the contract. We can, perhaps, see a trace of the original tribal character of sacrifice in the increasingly emphasized social obligation to insure which is found in great industrial concerns and societies (accident and old age insurance). It can scarcely be denied that we have here a continuation, adapted to reality, of religious institutions which are perpetuated in many of the features of the modern system. This continuation is, of course, at the same time a

substitution which proves the decay of the social function of religion : ' he who lets God manage his affairs needs no insurance '.

We will here not discuss what risk the individual runs when he leaves his interests to the gods or to an insurance company. We know that the promises of a deity are not always fulfilled. (Insurance companies, too, are sometimes declared insolvent.) In spite of such failure in heaven and on earth man will continue to take precautionary measures against threatening evil. The Jew Shylock remembers that Antonio possesses a galleon bound to Tripolis and another to the Indies. A third sails to Mexico and a fourth to England : ' But ships are but boards, sailors but men ; there be land-rats and water-rats, water-thieves and land-thieves, I mean pirates, and then there is the peril of waters, winds and rocks ' (Shakespeare, *The Merchant of Venice*, I. 3).

Man's fear in face of so many dangers and uncertainties which his ship has to meet has good psychological grounds. Nevertheless the feeling that one must venture remains in the end victorious.

THE NEUROTIC CHARACTER ¹

BY

FRANZ ALEXANDER

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The tendency which psycho-analysis has been showing of late is that of laying emphasis upon the patient's personality as a whole. This newer orientation presents the fundamental condition for understanding or therapeutically influencing that group of people whose difficulties manifest themselves, not in the form of a circumscribed set of symptoms, but in the form of a typical behaviour pattern which is clearly a deviation from the normal. In contradistinction to true neurotics who squander their energy in futile inactivity, these individuals live active and eventful lives; the essential characteristic of neurosis, the autoplasic mode of instinct gratification, is often entirely absent. Another feature of neurosis, which since Freud pointed it out we have learned to regard as fundamental, is substitutive gratification in the form of a symptom of those impulses which are condemned by the ego. This feature is totally absent in the group of individuals under consideration. Instead they live out their impulses, many of their tendencies are asocial and foreign to the ego, and yet they cannot be considered true criminals. It is precisely because one part of such an individual's personality continues to sit in judgement upon the other, the manifestations of which it is too weak to control, that his total personality is easily differentiated from the more homogeneous, unified and anti-social personality of the criminal. The singular and only apparently irrational drive to self-destruction met with in such people indicates rather definitely the existence of inner self-condemnation. Thus one characteristic of neurosis, the presence of a mental conflict, or more explicitly, of an unconscious battle between two conflicting parts of the personality, is clearly discernible in this group. We deal here with a definite characteristic which betrays the splitting of the personality in two parts; one giving in to its impulses and the other reacting upon it in a moral, even over-moral way, doing this not only by means of restraining the ego, but also by means of punishing it. It is this characteristic that justifies us in placing such individuals in the class of pathological people.

¹ Read before the Tenth International Psycho-Analytic Congress at Innsbruck, September, 1927.

We owe to psycho-analysis the fact that we are now able to approach the crude asocial behaviour of these people without the usual evaluative, i.e. condemnatory attitude, but with a sense of medical understanding to which we are accustomed in dealing with neurotic or organic symptoms. Their conduct arises from unconscious motives which are not directly accessible to their conscious personality. This fact justifies the contention that in principle such an individual is afflicted with his conduct in the same sense that the man who has a neurotic or an organic complaint is afflicted with his symptoms. Admonition, encouragement or punishment coming from the environment is as useless as his own resolution, 'I am beginning a new life to-morrow'; and his resolution is as useless as would be the attempt to cure oneself of diabetes by one's own will-power. The impossibility of overcoming the tendency to act out neurotic impulses by a conscious effort of will, even when the tendency is condemned by the individual himself, is the characteristic which it has in common with organic and neurotic conditions. At any rate the path which leads from organic symptoms to anti-social or even irrational attitudes to life is rather long. This is easily explained, even though psycho-analysis and medicine are not as yet unified into one whole. The scientific study of such individuals is comparatively new even in psycho-analysis. It is therefore not at all surprising that this type of people are not recognized from the very beginning as pathological; depending on their respective ages, they are turned over to the custody of the reformatory or the judge rather than to that of the physician. We are still accustomed to consider disease as something independent of the conscious will of the individual, as a *vis major* which the sick person must endure. On the other hand, we are also accustomed to hold the personality of the individual accountable for all his apparently conscious acts, making an exception only for those acts which are performed in a state of clouded consciousness (as, for instance, in paragraph 51 of the German Criminal Code). It is difficult to hold a man responsible for his gastric ulcer; it is much easier, as the experience in the war showed us, to hold him responsible for his hysterical symptom; and still easier to blame a man for his irresponsibility, his gambling, and his incapacity to engage in serious work. To have the right to consider such people as pathological, we should have to extend and re-define considerably our concept of disease. One might regret that in doing this one places the organically sick in rather bad company.

From the structural-dynamic point of view, such an irrational style

of life, dominated as it is by unconscious motives, stands nearest to the class of obsessional acts in which the underlying impulse no longer appears in the form of wholly nonsensical symbolic operations, but rather simulates rational acts. Thus it resembles kleptomaniac behaviour, where the theft has a highly subjective and richly symbolic meaning, and is not carried out for the rational purpose of mere acquisition, as it appears to be. In the obsessional neuroses an impulse which is alien to the conscious personality appears to the conscious like a foreign body; in such borderline cases as kleptomania the impulse breaks through and finds expression in conduct. In the cases with which we are dealing, the repressed tendencies are invariably carried out, even though in the process of motor expression they appear in a modified form. These tendencies stream into the ego, and permeate it much more thoroughly than the individual compulsive acts; so they influence the total behaviour of the person. At times they master the ego to such an extent that both a conscious conflict and any insight into one's illness can be totally absent. Yet the never-failing tendency to self-punishment comes out in such individuals so definitely that the presence of an unconscious conflict and an unconscious rejection of their drives becomes unmistakable. Those who fail to show this unconscious moral reaction will not be spoken of here as neurotics, but as criminals or some other social misfits.

The great medico-legal importance of the cases in question is at once apparent. A large proportion of such individuals, neurotically driven by unconscious motives, now to commit a transgression, then to seek punishment, sooner or later fall foul of the law. Their unmistakable differentiation from true criminals, with whom they are almost invariably confused in current judicial practice, is one of the most important tasks of psycho-analysis, a task the practical fulfilment of which will only become possible when psycho-analysis finds its way into the mind of the court, instead of the conventional expert witness. If neurotic criminals are to have the benefit of more enlightened judicial understanding, the whole question of responsibility must be reconsidered on the basis of an entirely new set of principles, for to this day unconscious motives are beyond judicial cognizance. Only the recognition of unconscious motives in a given crime will enable the law to rid itself of its present-day spirit. Some modern trials are reminiscent of the spirit of the witch-trials; this stands out with particular clarity when a transgressor, driven by unconscious impulses, is subjected by the judge and prosecuting attorney to the bombard-

ment of a cross-examination which attempts to insinuate a host of conscious motivations.

Some years ago I made an attempt to delimit nosologically this group of pathological characters. Following Freud's terminology, who described some typical cases in his 'Some Character Types Met With in Psycho-analytic Work,' I proposed to designate them as neurotic characters. This designation was intended to convey the idea that the neurotic element manifested its presence in these individuals not so much in the form of circumscribed symptoms as in the character, that is to say, it permeates the patient's personality and thus influences his total behaviour. The tragedies that lurk behind the theatrical exaggerations of the hysteric, the wild excesses of brutality and remorse which are related in the seemingly ridiculous symbolism of the obsessional neurotic, and which read like the weirdest detective story to him who can translate—all this is brought to dramatic expression by the neurotic character in real life. Neurotic characters succeed in actualizing their world of phantasy, despite the fact that most of them by so doing bring disaster upon themselves.

In addition to the forensic significance of this group, I should like to point out two further reasons which justify our return to the subject. The first is the purely practical side, which concerns psycho-analytic therapy, for a large proportion of our patients belong to this category. The second reason which prompts my return to the subject is the impression, which harmonizes entirely with that expressed by Glover in his stimulating paper, 'Einige Probleme der psychoanalytischen Charakterologie', that the nosological delimitation of these cases, in spite of valuable contributions, has not yet been made with sufficient clarity.

My statement about the high percentage of these individuals will be amply substantiated when we come to the clinical description of cases, and therefore I shall first devote a few words to the problem of classification.

When I suggested the importance of distinguishing from the symptom-neuroses those individuals whose lives, when viewed as a whole, reveal a typical pattern which is determined by neurotic motives, that is, by motives which are foreign to the ego and unconscious, I did so under the influence of Freud's description of neurotic character-types, and of his masterly formulation in *Beyond the Pleasure Principle* of the unconscious determination of neurotic careers, which I had had opportunities to appreciate in the course of my clinical

practice. Valuable contributions to the subject have subsequently appeared, such as Aichhorn's book *Neglected Youth*, which familiarizes us with the social and psychological circumstances out of which a large proportion of such characters come. Abraham furnished us with an exemplary delineation of the classical case of an impostor. Only Reich, in his volume on *Der triebhafte Charakter* has made an attempt to make a nosological demarcation. His starting-point, in agreement with my own, is the very pertinent formulation of Freud's, that there appears in these cases, in the place of autoplasmic symptom-formation, the alloplasmic acting-out of neurotic impulses. Reich, however, takes the concept of neurotic acting-out in another and far more general sense than Freud gives to it in *Beyond the Pleasure Principle*. What we tend to find in Reich's case-histories are isolated and unsublimated manifestations of instinct, such as extraordinary forms of masturbation. But in my opinion these direct and unsublimated instinctual expressions are precisely the ones which are the best calculated to prevent the development of the dynamic pattern which is characteristic of the neurotic character. Whenever tendencies which are incompatible with reality are short-circuited into masturbation, or whenever a patient can gratify his thirst for self-punishment by accentuating the masochistic component in masturbation, which was true of one of Reich's women patients, the enormous tension produced by these drives is abolished, and their dynamic capacity to irradiate the whole life-pattern is lost. The acting-out of neurotic impulses in such a form as masturbation is far more autoplasmic than the acting-out of neurotic impulses in life; and in this respect it stands close to the neurotic symptom, which it resembles in that it is a private affair of the patient's with which the people round about him may be wholly unconcerned. The implicating of the environment in the gratification of neurotic impulses, however, is an especially typical characteristic of the group which I have in mind, as Glover was quite right in emphasizing. Excessive masturbation is notoriously frequent among all pathological individuals who are conspicuously indifferent to what goes on in the outer world, a group of which the obsessional neurotic may be taken as representative. Reich's case-histories show a congeries of neurotic symptoms, psychotic symptoms and perversions, which, as he himself says, is a grotesque symptomatology. Now the case-history of a neurotic character reads like a novel with plenty of action, for the most characteristic trait in the behaviour of such individuals is eventful action. I am not disposed to question the fact that certain isolated

expressions of unsublimated drives play a far more important rôle with some neurotics than with others, and that it is perhaps possible to classify certain cases from this point of view. However, the principle which lends coherence to Reich's cases has not been made sufficiently clear, though at any rate it applied to another type of individual than Freud had in mind in *Beyond the Pleasure Principle*. Reich's cases are of a different order than the 'criminal from a sense of guilt', or the person who is destined to collapse with success, or the group whose clinical definition I am seeking to establish. If Glover detects contradictions in our conceptions, I believe this is attributable to the fact that Reich called his collection of quite distinctive cases the 'impulse-ridden characters', which was an expression I used as a synonym for the neurotic character in my first formulation.

I shall attempt to sketch a unified clinical picture of this group, holding fast to the main outlines and avoiding structural subtleties, for the sake of bringing into the foreground certain clear principles upon which definite diagnosis must depend. My theoretical discussion will be confined to the major dynamic and structural relationships.

Who, then, are the neurotic characters? I refer to those cases of neuroses without symptoms whose pathological nature the trained psycho-analytic glance is readily able to detect, but for which there are no places in accepted nosological categories. I do not refer to those individuals whom we are accustomed to call obsessional neurotic characters, but who on closer scrutiny so frequently turn out to be true obsessional neurotics whose symptoms have been especially well disguised and rationalized. Nor do I refer to those individuals whose compulsive impulses are so adequately gratified in religious ceremony or bureaucratic routine that they are not driven to invent their own symptoms. Unquestionably these groups offer a transition to the one with which I am concerned, but none of the classical cases is found among them. Such neurotic types often succeed in isolating their unacceptable impulses and their drive for self-punishment from the general pattern of their lives, and in confining them to harmless expression in a restricted sphere. I do refer to those individuals whose lives are full of dramatic action, to whom something is always happening, as if they were literally driven by the demonic compulsion which Freud once metaphorically imputed to them. These are the individuals whose whole lives can be interpreted as clearly as an isolated neurotic symptom, for every transformation and permutation remains the unmistakable manifestation of the same unconscious conflict. Here

is where the adventurers belong whose manifold activities give expression to an underlying revolt against public authority. They always manage to be punished unjustifiably, from their highly subjective point of view, by the father surrogate, the State, and thus to put the State in the wrong.

A representative of this group, whose acquaintance I owe to Herr Staub, his lawyer, by whom I was consulted in his preparation of the defence, had no medical degree, but learned surgery so well that he was made an assistant in a surgical clinic. He performed operations and wrote scientific articles until he was exposed and indicted. No mere symptom can yield a scintilla of the satisfaction which this degree-less though by no means ignorant physician experienced when, in the midst of his legal difficulties, he was consulted by a loyal woman patient, who even insisted that he should operate upon her. He experienced the same glow of satisfaction when he was arrested for the theft of some scientific books and of a few microscope parts, all trifling objects which he could easily have obtained legitimately. He had what he wanted. He had stolen in the interest of scientific research, and he had been arrested for it. He had triumphantly demonstrated to himself the absurdity of a criminal code under which such a thing could happen. But this triumph had not come to him so easily. Since his theft of the books was discovered through what was obviously an intentional clumsiness on his part, the police wanted to let him go. But he proceeded to confess the microscope theft, which had not been discovered and about which no questions had been asked, so it was necessary to hold him. In general, it is safe to say that this particular kind of a neurotic delinquent has an easy time of it. The guardians of the law, not excluding the medical experts, are only too easily taken in by their provocative conduct, which, of course, originates in the unconscious. Another impostor, who came out of the Jewish quarter of a great metropolitan centre, seemed to have made it his goal in life to make another authority, in this instance, the Church, ridiculous. He was baptized and became a Catholic priest, and compromised himself, and, of course, the Church, in an array of strange scandals. His favourite amusement was to flout his priestly garb before new acquaintances in a gambling hall or a questionable night-club, where he flagrantly mis-conducted himself. Finally, after he had made himself absolutely impossible in his own country and in his own denomination, he succeeded in obtaining a high ecclesiastical office abroad. Just how and just when he will disgrace his calling this time only the future can tell.

The obsessional neurotic who suffers from a repressed father-hatred of the same intensity discharges his affect in phantasies or in nonsensical compulsive ceremonies, but this priestly adventurer succeeded in impressing his superiority upon one of the greatest powers in the world, the Catholic Church. But even his pleasure is not unalloyed. Every time he strikes out against authority, the blow recoils upon his own head. He plays fast and loose with his own reputation, which he never hesitates to sacrifice if only he can thereby injure the father-*imago*.

In these anti-individualistic times, such modern Casanovas, who dramatize themselves in the process of traducing State, Church and constituted authority in any shape and form, are few and far between. They are anachronisms to-day. They belong in the leaden chambers of the Doge's palace rather than in the drab cells of a penitentiary. Even as our prisons have grown prosaic, the neurotic character of our modern adventurer has lost its colour. To-day he is a political doctrinaire, safely regimented within a political party. Or more often he appears in the business world as a captain of industry and an unscrupulous profiteer who is remorselessly driven by the same self-destructive impulse which moved his more heroic predecessors. The alternating phases of rise and abrupt collapse, which characterize the doings of these individuals in the financial world, reveal the aggressive and self-destructive tendencies which run along together. I have had occasion in the course of an analysis of a neurotic character extending over some years to observe these unconsciously determined oscillations, which conformed to the manic-depressive mechanism. The patient's cleverly-timed losses gave precisely the manic release which was indispensable to his next successful flight.

More common and perhaps better known to the psycho-analyst are those neurotic characters who, in contrast to the foregoing, act out their neurotic impulses in their love relationships. I want, however, to warn in advance against attempting to draw a sharp line of demarcation between neurotic characters whose impulses are chiefly expressed in social life and those whose main outlet is in love relationships. My impression is that neurotic conduct in one sphere is usually associated with disturbances in the other, although it is not to be denied that in many cases the one or the other is more conspicuous. It is unnecessary to depict the typical representative of this group in detail. The Don Juan types who are in hot pursuit of eternally unattainable ideals are as familiar to the psycho-analyst as are the slaves, tinged with maso-

chism, whose need for punishment is not confined to a definite masochistic perversion, but is rather woven into the warp and woof of their whole erotic life. Self-sacrifice on behalf of a woman whom they serve with unswerving devotion is for them as much a prerequisite of love and potency as are the more tangible forms of punishment for the true masochists.

More complicated and perhaps more rare are the cases of those who are attached to two women at the same time, and who find it impossible to choose between them. I want to dilate a little on the structure of such a case, for it shows with particular distinctness the close connection between occupational and intimate life to which allusion has been made.

In this man I found a splitting in the fundamental impulses, similar to that which we see in the obsessional neuroses, in which passively feminine demands were present alongside aggressively masculine drives. The passive tendencies were sternly repressed, and instead of passive homosexuality there appeared, as a result of a well-known regressive process, a pronounced oral fixation on the wife, who had to take over the rôle of the mother completely. However, the oral fixation absorbed the homosexual trends. As a reaction against the infantile-feminine desires, one could see a tremendously exaggerated aggressive masculine drive. This conflicting state pervaded his whole personality. Energetic and ruthless in his professional life, always striving for independence and a position of leadership, he was at the same time a lover of nature, an amateur in music, with a sentimental penchant for beauty and perfection of form. With almost clairvoyant power he represented himself in a dream as a *giant automobile of incalculable horse-power, whose body, however, was a light French coach of the rococo period.*

He vacillated continually between the two incompatible and reciprocally influencing tendencies of his personality. The major problem of his existence was to satisfy his passive desires without doing violence to his ideal of masculinity. In business he was active, avid of responsibility, and readily shouldered every difficulty; but in the atmosphere of his home he leaned on his wife in a state of total childlike irresponsibility. His philosophy ran like this: 'The demands that business make on me are so heavy that I must have a perfectly indulgent wife'. His wife was supposed to anticipate his wishes, and he regarded it as the greatest insult when he had to express a desire in words. In business, however, he carried a sportsmanlike share of the load. This side of his nature was disclosed in a very simple dream. *He was pushing*

a needle through a thick piece of pasteboard, and kept demanding new layers. He succeeded in penetrating very thick layers. This was what he was actually like in business, and the dream shows as clearly as possible that his business life was a sublimation of his aggressively tinged sexual drives. Masculinity was a point of honour for him. Only when he had indulged the masculine component of his nature sufficiently, did it become permissible for him to live out the feminine-infantile tendency. But the moment he had satisfied a feminine desire, he had wounded his masculine narcissism, and was scourged into activity once more. This equilibrium between activity in business and infantile-feminine passivity in marriage was upset when he entered a concern where, for the first time in his life, his soaring ambitions were checked. The head of the enterprise, a very able man, knew how to keep him in hand and turn his abilities to his own ends. For one who had struggled his whole life against unconscious passive homosexuality, it was unbearable to be subordinated to a leader. As the patient's active sexual tendencies were no longer gratified on the sublimated level, they broke through into the specifically sexual sphere. Thwarted by his superior, he was obliged to give double proof of his capacity. He not only committed adultery, but in taking the wife of another, he committed the Œdipus crime. From then on he was chained to both women. To keep his mistress in spite of everybody became a point of honour. The mistress became the object of his actively masculine desires, and the wife was the object of his passive homosexuality. It was impossible to dispense with either woman without losing his equilibrium. Just as the equilibrium was formerly maintained between his wife and his business, so now he distributed these two conflicting tendencies between the two women.

We were successful in tracing this remarkable cleavage in his personality back to his earliest childhood. At the age of four he was already the same individual. Memories from the fourth year showed that he still drank milk from a bottle and stubbornly refused to be weaned from it. *But*—and he told me this recollection with the same accentuated 'but'—he was at the same time an unusually alert and independent youngster who rode a bicycle out on the public highway all by himself. At the age of four this individual who drank milk from a bottle and rode a bicycle alone exhibits precisely the same antithesis, and with exactly the same psychological interconnection, as he showed as an adult who combined infantile dependence upon his wife with unbridled impetuosity in business. It is not difficult to reconstruct

his childhood situation. The stubborn youngster who refuses to give up his bottle is teased by everybody, including parents and elder brothers, and twitted as a 'baby'. As a reaction to this he excels every one in keenness and self-reliance, thus procuring for himself the right to remain infantile in one particular, and to indulge his oral craving to his heart's content. So in spite of this infantile retardation, he was able to overcome his inferiority feelings, and to salve his masculine narcissism. And this solution remained the prototype for his whole life. The rôle of the bottle was later taken over by the wife, whom he often really treated like an inanimate object made expressly to minister to his whims; while his business and later his mistress were the successors to the bicycle, by means of which he vindicated to himself and the world his claims to independence and masculinity.

Unfortunately, I cannot go into the interesting details of the deeper analysis, which showed how the early childhood supervision of his infantile masturbation favoured the oral fixation through the castration fear which it aroused, and how this oral fixation came into collision with the constitutionally strong masculine genitality, and laid the foundation for a remarkable cleavage in character-formation.

In an obsessional neurotic these incompatible tendencies would have produced a number of passive and active symptoms. In an hysteric such passive-oral demands might have led to an array of gastric symptoms covering pregnancy phantasies. Such symptoms played a rôle, though a subordinate one, also in this case, and during the treatment they assumed much larger proportions as the progress of analytic insight substantially restricted the acting-out of neurotic tendencies in the real world. This is not unlike the experience in a case which I reported several years ago. In neither of these cases did the conflicting tendencies lead to the formation of neurotic symptoms, for they were able to come to full fruition in the principal spheres of real life, in marriage and in business. In the present case the neurotic splitting in the personality finds expression in the life pattern.

From all that has gone before, I believe that we have a working conception of the cases which I call the 'neurotic characters'. If the main outlines of the clinical picture are clear, I should like to make more detailed theoretical distinctions between these cases and other kinds of pathological material.

Our best starting-point is the theory of the neurotic symptom. At the Salzburg Psycho-Analytical Congress I undertook to formulate three universally valid characteristics of neurotic symptoms, which I

still consider sound. The neurotic symptom is first, regressive in nature ; secondly, it is autoplasmic, and thirdly, its latent content is rejected by the ego. It is regressive because it is continually reaching back for infantile objects and methods of instinctual gratification, which is precisely why it is rejected by that portion of the ego which has adapted itself to the demands of reality. This rejection expresses itself in the disguise of the meaning of the drive, in the reactive appearance of the need for self-punishment, which is an indispensable condition of all neurotic gratification, and in the autoplasmic type of instinctual gratification. Gratification is itself restricted to the world of phantasy or to an equivalent manifestation.

Regression to an earlier level of instinctual gratification appears throughout the whole range of psycho-pathological phenomena, for this is the only mode of expression for those impulses which are not adapted to reality. Either one or both of the other two characteristics of the neurotic symptom, autoplasmicity and rejection by the ego, may be absent in regressive behaviour. In such cases we are dealing with different psycho-pathological expressions. If, for example, autoplasmicity is absent, though the other two characteristics, rejection by the ego and regression, are present, we are dealing with a neurotic character. The regressive and rejected impulses are not gratified by means of autoplasmic symptom-formation, but by means of alloplasmic activity which influences the relation of the individual to the environment. Even in those cases where there is no conscious protest against an impulse, its rejection by the ego is evidenced by the never-failing reaction of a guilty conscience, and by the modified and relatively milder form in which the unconscious goals are arrived at. So in the place of hostility against the father, there may be bitter hatred of the State. The self-injuring component is indispensable to the gratification of the fundamental impulses of the neurotic character, just as the suffering is indispensable to the gratification of the impulses of the neurotic who produces symptoms.

Let us consider another possibility. The rejection by the ego failed ; autoplasmicity and regression are present, however. We are then dealing with a psychosis. In other words, the regressive tendencies find undisguised expression. The defensive apparatus of the ego, such as disgust and sympathy, and the reality-testing are in abeyance. The ego is helpless against the onslaught of impulses from the id. Only the autoplasmicity betrays the presence of a conflict. The incomprehensibility of the symptoms is due to the particular depth of the regression

and not to concealment. We merely deal with a primitive language of the instincts which the adult has long since unlearned. The autoplasmicity is also a partial consequence of deep regression. The intra-uterine wish is hardly susceptible of alloplastic realization.

Finally, if autoplasmicity and rejection are absent, and only the regression remains, we have pure criminality. The asocial tendencies, which the neurotic represses and confines to substitutive gratification, and which the neurotic character, at the cost of much self-inflicted punishment, is able to live out in radically modified form, are all given free rein by the true criminal without the presence of inner conflict. Of course there are many grades of criminality, and patricide is exceedingly rare in our day. Most criminals find it necessary to content themselves with substitutive acts which they can perform without conflict. This is a sign that in the modern world even criminality has become domesticated. As a matter of fact, I am convinced of the opinion that on closer examination most of our criminals will turn out to be neurotic characters, and that the notion of pure criminality must be looked upon as a theoretical concept akin to the theory of a limit in mathematics.

On the basis of these considerations we shall distinguish four major psycho-pathological groups: the *neuroses*, the *neurotic characters*, the *psychoses*, and *criminality*. The dynamic and structural evaluation of the perversions is not so simple. From one point of view they seem to be partial psychoses in which the psychotic element is limited to the sphere of unsublimated sexuality, manifesting itself in sexual aberration. The regressive impulses are accepted by the ego, but they are expressed solely in relation to the sexual object. On the other hand, these manifestations are more alloplastic than the psychoses, and the ego is preserved intact. That is why masochists often stand rather close to neurotic characters and sadists to criminals.

The problem of evaluating the perversions from the structural and dynamic standpoint has convinced me of the unexpected fruitfulness of some of the conceptions developed by Ferenczi in his theory of genitality. Ferenczi sees in the physical manifestations of sexuality a series of efforts to relieve unassimilated tensions of the most varied character which have been diverted according to the conversion principle of symptom-formation. In a case of masochistic perversion previously reported,² I was able to establish with almost experimental certainty that the perversion grew out of the sexualization of the need

² *Psychoanalyse der Gesamtpersönlichkeit.*

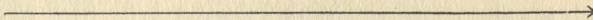
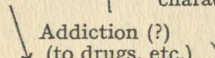
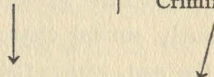
for punishment, which was itself rooted in the father-conflict. This need for punishment, which means a certain amount of destructive tendency directed against oneself, found ample sustenance, of course, in the anal-erotic fixation and in the feminine component of the bisexual organization. The decisive factor in the development of the perversion, however, was the uncontrollable need for punishment arising from the Œdipus conflict. If the self-destructive impulses are not expressed in the cruder manifestations of sex, we have a moral masochist, which is one type of neurotic character. I presume that in sadism we are dealing with murder impulses against the parents which are diverted toward the sexual object, and which find expression in a form which is modified by the strength of the erotic component of the object-relation. In borderline cases, where the strength of the erotic element is small in comparison to the magnitude of the destructive drive, we have the picture of murder with assault.

This assumption is strengthened by the common observation that sexual sadists are often weak and inhibited natures, for their aggressiveness is wholly absorbed in sexuality. It is also true that masochists who work off their sense of guilt in their sexual activities are unscrupulous egotists in everything else. Thus one may say for every sadist there is an abortive criminal, and for every masochist an abortive neurotic character.

It is evident that the perversions seem to have no definite place in our classificatory scheme. The reason is clear enough. The distinction between neurosis, neurotic character, psychosis and criminality depends upon the different ways in which desexualized impulses are gratified. A varying quantity of desexualized impulsive energy is fundamental to the neurotic symptom, the neurotic acting-out, the psychotic symptom, and the criminal act. The essence of a perversion, however, is the gratification of a frankly sexual tendency. Following Ferenczi, we can look upon the perversions as the result of successfully diverting into explicitly sexual channels the tensions which would otherwise overflow the ego, where they would have received expression in one of the four pathological forms previously described. Thus the perversions can be said to be the non-desexualized antitheses of the four categories. It quite often happens that one of the four classes is mixed with a perversion, which means that while part of the total impulsive tension is desexualized, another portion is diverted into sexual expression. So it is not surprising to find that a perverse sexuality often goes with an impulsive life in which the desexualizing processes

are disturbed. The less the impulsive tensions are diverted into sexual forms of gratification, the more they will encumber the ego and seek new outlets, and this means that they will produce neurotic symptoms, neurotic acting-out, or psychotic and criminal behaviour. This adds little to Freud's formula that the neurotic symptom is the reverse of a perversion; it merely extends the application of this conception to other psycho-pathological phenomena, in particular to neurotic acting-out, as well as to psychotic and criminal manifestations. I beg you to regard this schematic arrangement as little more than a rough effort at orientation in respect of the manifold perplexities of psycho-pathological phenomena. This reservation should be borne even more distinctly in mind in considering the chart which I have drawn up to furnish a visual perspective over the field.

CHART OF FUNDAMENTAL PSYCHO-PATHOLOGICAL REACTIONS
(THE DYNAMIC-STRUCTURAL POINT OF VIEW)

<p style="text-align: center;">  The arrow indicates the direction taken by the ego in its growing incapacity to reject unconscious impulses. </p>			
Psychological manifestations with conflict present.		Psychological manifestations with conflict absent.	
The ucs impulses are displaced and manifest themselves autoplastically.	The ucs impulses manifest themselves by means of neurotic acting-out.	Failure of defence with breaking down of the ego organization.	Failure of defence with ego organization preserved.
Substitutive gratification.	True, although disguised, gratification.	Undisguised gratification of id. Mainly autoplasic manifestations.	Unmodified and uninhibited gratification.
Autoplasticity Neuroses.	Alloplasticity Neurotic character.	Autoplasticity Psychoses.	Alloplasticity True Criminality.
<p style="text-align: center;">  Addiction (?) (to drugs, etc.) </p>		<p style="text-align: center;">  Partial failure of defence. Repressed impulses are expressed only by means of modified forms of sexual expression. True gratification. Perversions. </p>	

I must admit that I am no friend of the use of charts in psychology. But on this particular occasion it is a valuable time-saver. Let it be clearly understood that most cases will never fit neatly and completely

into a single pigeon-hole. Neurosis minus neurotic acting-out, neurotic characters minus symptoms, and both minus perversions are rarities. How far there is such a thing as pure criminality, I have already considered questionable. Only the direction pointed out by the arrow is definitely important. Starting from the classical neuroses and moving in the direction of the psychoses and criminality, we can say with perfect assurance that the successful defence of the personality against tendencies which are incompatible with reality decreases.

Two principal groups emerge, on the one side the neuroses and the neurotic characters, where active conflict is evident in repression and in conscience reactions, and on the other side the psychoses and criminality, where no sign of conflict is visible. To be sure, the conflict is present in the psychoses, but only before the illness has fully developed. They resemble battles in which all the defending troops have fought and fallen. In the pure criminal the functions of the ego and of all its institutions remain unimpaired, but in view of the absence of a social reaction, the social elements are accepted without conflict.

Of course there are many equally justifiable standpoints from which other perspectives may be obtained. On this occasion we have only asked whether and in what measure the ego is successful in defending itself against those impulses which are incompatible with reality, and at the same time in providing for their gratification, and we have not considered either the depth of repression or the psychological content of the various impulses. From the standpoint of content, criminality and the psychoses would constitute two opposite poles. The regression is the deepest in the psychoses, for it is a biological regression, while the criminal is merely unsocial, and his instinctual life is on the plane of normal adults, considered from the biological point of view, or at least is perfectly capable of reaching this level.

Let us summarize the main points which have been made in discussing the neurotic character. Its most essential characteristic is the great expanding power of the tendencies which are alien to the ego. They will not permit themselves to be confined, as in neurosis, to the purely subjective sphere of symptoms, but crash through into the world of reality against the protest of the socially-adjusted portion of the ego. The relative strength of the ego is obviously less than among the neurotics, not on account of its absolute weakness, but *on account of the tremendous expanding power of the fundamental impulses*. I believe that it is decisively significant whether or not the individual is inclined toward the autoplasmic gratification of his impulses. Without

an autoplasmic disposition no neurosis is conceivable. Unquestionably a specifically constitutional factor is primarily responsible for this quality of the fundamental impulses. The expansive force of his impulse-life brings the neurotic character closer to the healthy individual than to the neurotic. He really acts, and does not permit society to coerce him into a phantasy world of symptoms. The healthy individual would rather modify his impulses than renounce substantial ratifications in the world of reality, but the neurotic character tries to hold on to his fundamental nature, and to carry on in spite of it. Because a part of his own ego is hopelessly at variance with certain of his impulses, he is bound to make war on himself.

The expansive living-out of impulses is the differential point which delimits the neurotic character from the person suffering from a neurosis, and brings him closer to the healthy person. We find this in the therapeutic process, too. Here we find it unnecessary to compel the patient to make the terrific step from introverted autoplasmicity to acting, a step which in cases of severe neurosis is frequently impossible. The therapeutic goal in the case of neurotic characters is merely bringing the individual's acts under the domination of his conscious personality. That is why these cases present such satisfactory material for analytical success once they come to the analyst. In their youth they have no sense of personal difficulty. They present mostly the picture of vigorous, joyful dare-devils who only after a series of bitter experiences awaken to a sense of difficulty. That is why we see them come to analysis only after they have reached mature age.

It is now entirely comprehensible why the neurotic character has fired the literary imagination since time immemorial. Neurotic characters are nearly all strong individualities who struggle in vain to hold the anti-social tendencies of their nature in check. To put it more sharply, they are individualists who are fettered by social sentiments. The eternal struggle between man and society is exemplified, not in elusive intra-psychic processes, but in the visible drama of their own lives. That is why they are born heroes who are predestined to a tragic fate. Their fall is the victory of society, and the spectator who has the same conflict within his breast—and who is without it?—is enabled to live out both the rebellious and the social tendencies of his personality by sympathetically feeling himself into the lives of the vanquished.

I might have brought out all that has gone before in a form much less abstract and scientific, but much truer to the palpitating reality of

life had I chosen one of the masters of world literature to portray the neurotic character. I could very well have inscribed the name of one of the four Brothers Karamazoff under each of the captions of the chart. In that novel Dostoievsky did nothing less than exhaust the whole field of psycho-pathology, for he assigned one of the four fundamental types of pathological reaction which we have been describing to the Oedipus situation of each of the brothers.

That Dostoievsky was thoroughly aware of the universality of what he had written is shown by the words which he spoke through the mouth of the prosecuting attorney, who, alluding to the Karamazoff family, said, ' Perhaps I am prone to exaggerate, but it seems to me that some *fundamental elements* in our intellectualized society have found expression in this family '. I might have entered under the first heading in the chart the name of the neurotic Aljoscha, in the second the neurotic character Dimitri, and in the third the psychotic Ivan, and in the fourth Smerdiakov, whose criminal tendencies came out during his epileptic twilight states. It is noteworthy that Dostoievsky only permitted true criminality to occur under exceptional pathological conditions.

For a thorough understanding of the neurotic character it would be worth more to study Dimitri than the most interesting case-history. Dimitri is not *a* neurotic character, but *the* neurotic character, in whom every conceivable dichotomy, good and evil, sadism and masochism, mawkish sentimentality and arrogant licentiousness, heroism and pusillanimity find wildly unco-ordinated expression. Dimitri's confession to his brother Aljoscha is a precious document for the comprehension of the splitting inherent in such a character : ' No, man is planned on too lavish a scale. I would cut him down. An offence to the intellect may be a thing of beauty to the heart. . . . It is horrible to reflect that beauty is more than terrible ; it is inexplicable. There the devil wrestles with God, and the battlefield . . . is the human heart '.

The fate of Dimitri is typical of that of the neurotic character. He never committed parricide, though he tottered on the brink of it. His sense of guilt, which fed on his wishes and not on his deeds, brought him under suspicion. Any judge who views the circumstantial evidence exclusively on the basis of the psychology of the conscious mind would believe him guilty. Only a psychology of the depths can rescue the all-too-numerous fellow-sufferers of Dimitri from miscarriages of justice. Every problem connected with ' Neurosis, Psychosis, and the

Neurotic Character' is epitomized in the contrasting personalities of the expansive Dimitri, of Ivan, who intellectualizes, rationalizes and projects his problems on to the outer world, and of Aljoscha, who sternly represses everything.

Had my principal interest been the inter-relationship of neurosis, neurotic character and organic disorder, I might appropriately have selected the incomparable figure of the Parisian art collector whom Balzac immortalizes in his *Cousin Pons*. Cousin Pons is a neurotic character of the kind we call an eccentric. This art collector and gourmand, who completely disguised his sublimated anal erotism and his unsublimated oral erotism, fell ill with melancholia when his scruples suddenly put an end to his oral indulgence. Apart from collecting, all that mattered in his life was the round of sumptuous and exclusive dinners to which he was invited by his rich and snobbish relatives, whose art advisor he was. Once he chanced to overhear the servants call him an 'old plate-licker', and suddenly seeing himself as others saw him, his lethargic super-ego awoke and forbade any further culinary indulgence. Presently old Cousin Pons could endure it no longer, became melancholic, and on the basis of this melancholia developed a gall-bladder complaint which brought on his death. This is a case-history painted against the background of Parisian society. Balzac's medical clairvoyance not only transcended the knowledge of his own day but of our own. We are already in a position to recognize the relationship between oral erotism and melancholia, and we suspect (though the internist doesn't yet, or perhaps doesn't any longer suspect) a relation between melancholia and gall-bladder diseases. Balzac delineates this connection with the naïve assurance of the intuitive genius in a case-history which, since it took into account the total situation, is fundamentally more veracious than the most exact case-history, with *all* the indices of *all* the body humours, which has ever been put together in a medical clinic in a gall-bladder case.

In Balzac's novel a neurotic character falls victim to a narcissistic neurosis, which leads to an organic disease when he undertakes to deny himself. I could have set forth the connection between the neurotic character and neurosis by examining in detail the sad story of Cousin Pons, but such an undertaking would far exceed the space at my disposal. The principal merit of science is brevity, even at the cost of doing some violence to the facts.

Perhaps, as our psychological knowledge develops, we may advantageously replace the story of Cousin Pons by a medical treatise with

a title something like this: 'A Contribution to the Understanding of the Inter-relationship of Oral-erotism, Melancholia, and Gall-bladder diseases, with Observations on the Mutual Replaceability of Neuroses, Neurotic Acting-out, and Organic Disorders'. To-day such a treatise is not yet possible; medicine can still learn from Balzac.

ON THE EROTICIZATION OF ANXIETY

BY

RENÉ LAFORGUE

PARIS

Psycho-analysis has made us familiar with the remarkable way in which an individual's repressed libido is able to make use of infantile mechanisms and substitutive organs for its satisfaction. We have thus come to recognize that psychical and bodily functions that have apparently no connection with sexuality can be put at its disposal as surrogates for it, i.e. can be eroticized. Intestinal activities, for example, or, as can be frequently observed, suffering, may express the censored satisfaction of a libido that has remained attached to the Œdipus stage.

For some time now we have been considering the possibility that anxiety also can be eroticized in a similar fashion—especially as there are, perhaps, connections existing between anxiety and fore-pleasure that make it easier for the libido to utilize anxiety as a substitutive gratification.

It is not difficult to observe that the power to cause anxiety in anyone, whether in phantasy, or in games, or even in business, is often consciously experienced as a satisfaction by many people. One only needs to recall the numbers of popular ghost-stories which are so calculated to rouse anxiety in children and even in adults, and can therefore be directly employed to create anxiety. To these may be added dramatic representations of deeds of horror, terrifying experiences, dreadful catastrophes, etc.

Mention need hardly be made of the way in which human beings have often systematically framed their conduct with the object of reducing their fellow-men to submission by causing them anxiety. Indeed this forms an essential part of our educational methods, both in the relations of parents and teachers to children, and of the State, its authority or its leaders, to the masses. It would certainly be very interesting to make a more exact investigation with the object of discovering how far these affective relations among the individuals composing a social order can be sexualized. In other words, to what extent does the alarming figure of the non-commissioned officer or the gendarme owe its existence to the need that many people have of cultivating erotism, on the one hand, in the more active, masculine rôle of 'causing anxiety', and on the other, in the more passive and

feminine one of 'being anxious'? These examples may suffice to allow us to raise the question: how far can anxiety, which plays its own psychologically serviceable part in every situation of danger (whether arising from within or from without),¹ be withdrawn from its own aims and placed entirely at the disposal of erotic gratification?

The main interest of the therapist in this question lies, as you know, in the discovery of the causes of anxiety in many cases of anxiety-neurosis and obsessional neurosis. Following Freud's arguments we have been led in our investigations to connect anxiety, in certain cases, with the act of birth, and, further, with the damming-up of the libido and castration-anxiety.

Nevertheless we have to ask whether, in quite a large number of cases of anxiety-neurosis, an individual's anxiety is eroticized in such a way that it can represent the only possible compromise among the various libidinal tendencies that are seeking satisfaction, namely, the anxiety being made to act as a surrogate for the orgasm, in comparison with which it is indeed regarded as the loftiest ideal that can be attained.

Certain clinical observations seem to make it probable that, in the case of some neurotics, the whole mechanism for the satisfaction of the libido had been enlisted for the purpose of creating anxiety—in other words, that the anxiety-formation represents the cardinal aim and gain (secondary pleasure-gain) of certain individuals.

One of the cases we have in mind was that of a very complicated neurosis. A detailed description of it is not necessary for the understanding of our problem; we need only state that its symptoms, to a large degree, made it possible for the patient to cause 'great anxiety' to her friends, and to rouse in herself a real death-anxiety. Indeed the patient in question had been able to put an organic disease at the service of her neurosis. A fatal issue of this disease seemed probable, and would no doubt have occurred, had not the analysis succeeded at the eleventh hour in throwing light on the confused situation.

In the course of the psycho-analytic treatment, the patient brought the following dream: 'I see a black serpent that terrifies me. Suddenly I feel the serpent on my neck, and I become dreadfully frightened. But, strangely enough, I was not really frightened, I only acted as if I was horribly afraid. In reality I was simply a spectator. When I awoke in the morning, I did not feel that I had really been terrified, the whole thing was more like a play'.

¹ See Freud, *Hemmung, Symptom und Angst*.

The dream is not so easy to interpret as it looks. The associated ideas and the further particulars that were at our command—especially as the patient's family had been known to us for years—enabled us to connect the dream with a primal scene witnessed by the patient when she was about two years old, and to identify with the highest degree of probability the man indicated by the 'black serpent'. Unfortunately, owing to certain circumstances, we cannot here produce the extraordinarily interesting material of this analysis. To put the matter briefly, we arrived at the following interpretation of the dream: the patient repeats the primal scene in the dream, and her main concern is to reproduce the affects experienced at that time, substituting anxiety for the orgasm (which had been construed as anxiety), and looking on while the 'serpent' takes possession of her body.

It is possible, of course, that the anxiety in the dream corresponds to the anxiety felt by the child when she was observing the primal scene, and that the latter was recalled simply for the sake of experiencing once more the memories connected with it; just as in the dream cited by Freud, in which a patient dreamt of the death of a relative simply because she wished to create the possibility of once more meeting her lover, whom she had last seen at such a funeral. But on the strength of our material we consider it more likely that the orgasm of the woman observed by our patient in the primal scene was construed as anxiety, and that, consequently, 'anxiety' became the sole image present to the patient's mind of the satisfaction of her libido.

In corroboration of this interpretation, I might add that the French word '*affoler*' can signify both 'to cause anxiety' and 'to excite sexually', and that the phrase '*tu m'affolles*' means 'you are giving me an orgasm'.

Still further confirmation of this is found in the connection between sexual satisfaction and the fear of death, which is shown in the expression '*la petite mort*', which in current speech means the orgasm. Indeed, the general question may be raised whether the first sexual excitement of a young child may not rather be felt as anxiety, and consequently become fixated as such.

If our interpretation of the dream and of certain of the patient's symptoms is right, then we may assume that the feeling of anxiety produced by her symptoms in so many different ways was pleasurable toned, and that the anxiety signified both the satisfaction and the penalty of her Œdipus-fixated libido.

Another case—that of a man nearly fifty years old—is of interest in this connection. We shall cite only one or two symptoms of his neurosis, dealing with these merely in so far as it seems necessary for the elucidation of our problem.

One of the principal features of this neurosis is the attitude of the patient to anxiety. In a very striking fashion his symptoms are exploited by a tendency to cause anxiety and fear, either to himself or to others. It is a positive pleasure for him to look out for symptoms of a 'terrible nature' which he then dramatizes, doing this not merely to draw the attention of those around him to himself and cause his family anxiety, but even to terrify himself and to suffer a real fear of death in the most literal sense of the word. He looks (e.g.) for syphilitic spots on his penis, in order to experience an attack of anxiety on the discovery of the slightest symptoms of this kind, and he has forthwith to telephone the news to his friends and to the analyst saying in the latter case, of course, that he wishes to be reassured about his condition.

Or he discovers a 'yellow spot on his back', which in his opinion can only indicate that he has some cancerous disease. This again gives him an opportunity of having an attack of anxiety, whereupon he regulates his pulse, feels his organs, listens anxiously to the beating of his heart, etc., and informs all within his reach, particularly his sister and the analyst.

This behaviour on the part of the patient only began to alter for the better after we had submitted the following facts to him, in addition to the general interpretations that were relevant: the material produced in the analysis allowed us to infer with very great certainty a primal scene that had left a deep impression on him, and that made it possible for the patient by the reproduction of anxiety to recollect in that form the situation in which he had then been placed. Moreover, he had developed a dual Œdipus complex that caused him to identify himself with his father by 'arousing anxiety' and with his mother by 'experiencing anxiety'. Further, the need to inform others of every attack of anxiety could also serve the compulsion to confess, and would thus relieve him of the sense of guilt that was implicit in the symptom, especially as his communication usually took such a form that it enabled the patient to be very soundly reprimanded (i.e. punished) by his people as if for something 'obscene'. We had the impression that this interpretation was instrumental in dissipating the patient's hypochondria, and on that account we have asked ourselves

to what extent such mechanisms are involved in the production of the hypochondriacal phenomena that occur in cases of the kind.

Let us now consider a typical case of anxiety-neurosis. A woman of about forty-four years of age suffers from a phobia that broken glass, or even broken needles, are mixed with her food in order to kill her. She emphasizes the word 'broken', and adds that it is not so much the needle as the broken needle that causes anxiety. For the sake of clarity let us note at once that in French glass is '*le verre*', and that this word accordingly allows of a condensation of it with '*le vers*': worms and cutting glass.

The illness made its appearance under the following conditions. The woman lived until she was thirty-eight years of age with a lover who deserted her for another woman. From then onwards the patient lived by herself. Two years ago she had the operation of hysterectomy. A year after that the psychical symptoms made their appearance, and indeed the fear of glass became so intense that the poor woman even gave up taking food, and began to let herself starve. This was the reason for her being sent to the Clinic of Professor Claude (Sainte Anne), for she had to be almost forcibly fed.

The as yet rather superficial results of psycho-analytical investigation of the case, which is still being continued, have brought the following actual material to light. After the woman had been deserted by her lover, she preferred to renounce all intercourse with men. She rationalized this resolve by saying that in doing this she was not only remaining faithful to her only lover, but was at the same time consulting her own convenience. But though she was determined not to be angry with her lover, she had to fight against a bitter disappointment, and prayed a great deal in her despair. She took occasion to see once more the man she loved in company with his new mistress, and, strangely enough, *she felt as she watched them kissing each other, that she would willingly have taken the place of her former lover in order to do what he was doing, for the reason, she added, that she would at least possess something of him, without at the same time coming into conflict with his new mistress.* Thus the patient, a plain woman of the people, very quickly understood that she wanted to castrate her lover in order to possess his new mistress with his penis. So far, then, we should be dealing with a typical case of the negative Œdipus complex, with regression to the oral-anal stage. It is worthy of note that the phobia made its appearance only after the removal of a large fibroid tumour, which had been almost consciously regarded by the patient before her

illness as a substitute for pregnancy. Besides, we must not forget that she had borne to her lover a child that had died in its first year. Briefly, then, the circumstances allowed us to infer that the woman wished to obtain oral possession of her former lover's penis—i.e. she eroticized the function of eating—that this wish was repressed and found expression in anxiety about 'broken glass or broken needles' being present in her food. When she ate, it seemed as if she really had broken glass in her mouth; her throat was constricted with fear, and she had the greatest possible difficulty in swallowing her food. She was compelled always 'to think about this', about 'this fear' and the 'broken glass' inside her; other thoughts and feelings were then impossible for her, and she was completely 'obsessed' by her disease. She had the idea that the doctor had never seen such a terrible disease before, and that he would certainly consider her case quite hopeless. She asked doubtfully: 'Do you really believe you can cure me?'

We are thus forced to ask to what extent the anxiety in this case signifies a wish-fulfilment and a substitutive satisfaction in the sense of punishment, and, further, to what extent the whole symptom has been employed in the service of unconscious exhibitionism for the purpose of infecting (having coitus with) those around her (doctor and nurse) with the symptom of 'broken glass and needles', and thus rousing anxiety in them.

If that be so, then the general question arises, to what extent an interpretation of this kind has to be taken into account in other cases of anxiety-neurosis. The anxiety—the symptom—might accordingly be regarded also as a wish-fulfilment, and the idea that rouses anxiety as the path by which this wish-fulfilment is attained; this will always be accompanied by the conscious need to avoid everything that would lead to the 'secondary pleasure-toned affect' and consequently bring into play the sense of guilt connected with the Œdipus complex.

A case in point is that cited by Alexander² of an axe-phobia, which in time extended to reading, 'because the patient had the most violent anxiety that he might see an 'L' the form of which reminded him of an axe'. Here a possible interpretation is that the violent anxiety was the result of a wish to see an axe in order 'to experience anxiety'.

Further, the following conjecture may be offered with regard to the mechanism of phobias in general. In the case of the super-ego's

² *Psycho-analyse der Gesamtpersönlichkeit*, p. 99.

menaces, to which the ego reacts with anxiety and which are the exciting cause of the avoidance of actions that arouse anxiety—how far is this whole mechanism at the disposal of a wish-fulfilment, in which anxiety would take the form of a *confession*, and would demand, in the service of the need for punishment, the prohibition of actions that cause anxiety? Certainly the *id* would always protest afresh against these prohibitions of the super-ego, and, despite the stringency of the latter, would always be able to furnish anew means of attaining its object of awakening anxiety, in other words, of making the prohibitions of the super-ego ridiculous.

Is this, then, connected with the fact that certain patients suffering from a phobia speak of it with an almost amused expression, precisely as if—to recur to the dream of our first-mentioned patient—the whole thing were a great ‘comedy’?

May this conjecture, too, not have to be taken into consideration in the case of other anxiety-mechanisms besides that of the phobias?

Since the media by which anxiety is roused are very varied, it is conceivable that in certain cases involving criminal acts these may not merely serve the need for punishment, but may also be used to arouse fear of the punishment, and in that case—as Reik,³ approaching the matter from another angle, has pointed out—the anxiety is analogous to the fore-pleasure and the punishment to the end-pleasure. The conjecture may be offered that psychic reactions of this nature always repeat the same situation—the experience of an anxiously-toned fore-pleasure, and of an end-pleasure that neutralizes the sense of guilt. All kinds of variants of this situation may accordingly be imagined, from an ordinary game to the final stages of the gambling passion in the Casino or on the Stock Exchange, or, in another region, from military ‘manœuvres’ to the ‘terrible game of war’; but we must not forget that our theories can be corroborated only by our clinical experience.

In connection with the latter, let me cite a few more cases from my own experience that give some probability to this theory.

(I.) A little girl of about six years old suffered from the compulsion of continually drawing a large eye and gazing at it ‘because it would make her so terribly frightened’. She repeated this again and again,

³ Nevertheless it appears to me that Reik’s way of stating the question, when he speaks in his book, *Geständniszwang und Strafbedürfnis*, of fore-anxiety and end-anxiety, does not touch the problem we have raised.

and every time she became afraid she would cry out in terror and give her parents a fright.

(II.) One of my women patients, when she was a child, took a pair of scissors and imagined she was gouging out someone's eyes with them. This idea aroused anxiety, especially when she thought of gouging out her own eyes. Despite that, the patient recalled the image incessantly, and for some time it assumed the character of an obsessional idea accompanied by the anxious fear that she would really have to gouge out her own eyes.

(III.) In many patients we find obsessional ideas that have the effect of rousing anxiety, e.g. the idea of parents' skeletons having intercourse in their graves, of strangling an only child, etc.

Looking at the matter from this standpoint, we may put the general question: are not certain patients always staging a 'Grand Guignol' performance? It is well known that in the 'Grand Guignol' theatre, horrible deeds of violence are exhibited on the stage, people going to that theatre simply in order to experience fear and terror, and the women in order to faint with horror. This theatre seems to me to afford the strongest proof of the eroticization of anxiety, and the crowds that frequent it warrant us in asserting that many persons find anxiety equivalent to orgasm, and make no scruple as to the means—conscious or unconscious—they use to obtain the right to anxiety.

This raises the question how far literature and art in general can be employed in the service of this eroticization of anxiety, and how far fore-pleasure on the whole consists in anxiety and the mode of dealing with it psychically.

(IV.) Further interesting material was produced in the following case. One of my male patients had a recurring anxiety-dream. 'He is lying in a room; a woman forces her way into the room with criminal intent, seizes him by the throat and strangles him. The dreamer awakes with a cry of terror.' In the course of the analysis we were able to piece together pretty completely the material furnished by this dream. The following interpretation may be confidently accepted. The patient dreams that he is in his brother's place in his mother's womb. The evil-doer, a woman (mother) strangles this brother. The patient thus experiences in his own body the punishment for the criminal deed. In this connection it was remarkable to notice how this situation was continually repeated before and during the analysis—a whole series of artificial interferences with his wife's pregnancies being

the result, apparently, of the patient's unconscious action ; then, during the analysis, an attempt to make use of his wife to break off the treatment. It was only due to special circumstances that this attempt was not successful. The material of the analysis allowed us to infer the death of a younger brother of the patient's, which took place when the latter was about three years old.

But this is not all. The dream-situation also corresponds to the idea that the mother perpetrates the crime of destroying the child—the father's penis—and taking the patient's penis in her hands (the criminal strangles the patient). The anxiety-affect that results from this can take the place of an orgasm, and thus corresponds to a wish-fulfilment that had been determined in various ways.

In connection with this material we have to raise the question to what extent anxiety-dreams of the kind cited above are not also pollution-dreams as well. I have not been able yet to make a very complete investigation of these latter in this connection—a gap in our work that needs to be filled. The problem on the whole seems to me to demand a more penetrating study than we have so far been able to give it. Another question that remains unanswered is the extent to which anal anxiety may be considered as a gratification in the sense of an orgasm. Let me explain what I mean by anal anxiety. We know that anal love will torture and even kill the love-object. These sadistic wishes rouse great anxiety ; on the one side there is the anxiety of killing the love-object by the omnipotence of thought, and, on the other, the anxiety of being forced to allow oneself to be killed by the love-object and thus belong to it. It is not clear to what extent the awful fulfilment as well of these sado-masochistic tendencies is experienced in this anxiety. The following dream brought by one of my female patients may help to a better understanding of this situation. The dream was as follows : During the analysis the patient had to consult a specialist to have the varicose veins of her legs treated with injections. I advised her to discontinue this treatment for the present. The patient reacted to this advice with ' violent rheumatic pains in her back ', to which constipation was added. We let her understand that these reactions probably had a psychical origin. Thereupon the patient brought the following dream : ' She is in my consulting-room just as during the analysis, but her mother has taken the place of the analyst. A young girl is lying on the sofa. The patient terrifies the girl in every possible way. She tells her there is a ghost in the room that is going to kill her. She takes quite a pleasure in trying to make

the girl afraid in this way. Finally she forces the girl to take a knife, with which first of all to cut her fingers and torture herself, and then at last to stab herself. The girl bathes in her own blood. At that moment the patient has an orgasm, and she feels as if she herself were covered with blood. When the girl is dead the patient worries about the dead body, and says to her mother that it is "all right." She is ashamed of having done this in her mother's presence.'

The material of this analysis is classical. The patient shared her parents' bedroom until she was five years old. It is interesting to note that she experiences the orgasm in this masturbation-dream as anxiety, and is proud of her ability to play the active father-rôle of causing anxiety. The dream speaks for itself and needs no further commentary.

The inference from the preceding arguments would be that our patients express anxiety not merely as a reaction to danger, but that in quite a number of cases we have to deal, so to speak, with an artificial anxiety, which is exploited for erotic gratification. Further, there may be an intimate relation between this eroticized anxiety and the sense of guilt, which is also sexualized, and therefore *l'aiguillon du remords* would be exalted to the rank of a despot who dispenses masochistic pleasure with royal liberality.

A more thorough study of the problem will be required to discover how far the eroticization of anxiety has contributed in these patients to fixate obstinate inhibitory states with all the complications that result from them. Our intention has been to state this whole problem in its salient outlines, and indicate the involved conditions that can result from the eroticization of anxiety.

SOME UNCONSCIOUS FACTORS IN READING¹

BY

JAMES STRACHEY

LONDON

Among the characteristics that distinguish the more advanced forms of civilization from the more primitive perhaps the most outstanding are the arts of writing and reading. They have been practised, I believe, in every highly organized human society with the single exception of the Empire of the Incas. And even to-day it is usual to estimate the relative degree of civilization in different countries from the percentage of illiterates among their inhabitants. Whether we believe that these arts developed independently in various parts of the world, or whether we prefer to accept the diffusionist view that they originated in the Nile valley or in Mesopotamia, it is clear that (if we consider the whole course of cultural development) they are very recent acquisitions. Indeed, until the last fifty years, even in the most civilized communities these accomplishments have been restricted to an extremely limited number of individuals. It might, therefore, be imagined that such newly acquired forms of activity could scarcely play any considerable part in the deeper mental life of mankind. I think, nevertheless, that if we turn from communities as a whole to the individual members of them, we may find that writing and reading perform functions of some appreciable importance in the economics of the mind of modern man, and, further, that an examination of the factors involved will throw light on some problems of wider scope and deeper significance. I am not proposing here to do more than to follow for a short distance a single line of thought which the subject has suggested.

Although it would appear that logically writing comes before reading, yet in the development of the individual reading comes first. Until quite recent years children have always learnt to read before they have learnt to write; moreover, an adult learning a foreign language will almost certainly be able to read it before he can write it; and, further, semi-educated people are often just able to read, though quite unable to write. Indeed, reading is, I imagine, the first intellectual activity that a child is systematically taught; for the process of learning to talk seems to proceed in a much more instinctual fashion.

¹ Based upon a paper read before the British Psycho-Analytical Society, March 19, 1930.

Talking, that is to say, is an activity which the normal child embarks upon without any or with only the slightest prompting ; whereas he has to be encouraged or even obliged to read. It is a difficult, a positively unpleasant task ; and it is a subject of pride with the modern educationist that he can teach children to read without tears. Similar obstacles to reading—but whether they come from the same source or not it is too early to decide—are familiar to us in the analyses of adult neurotics. They arise usually, of course, in cases of obsessional neurosis, and it might be argued that such inhibitions are merely a chance example from among the innumerable prohibitions that paralyze the activities of such people. But I have an impression that special determinants are at work. One patient, for instance, found it almost impossible to read, although he pretended to be deeply interested in literature and to be extremely well read, and constantly interlarded his conversation with quotations. In fact, I feel fairly confident that he had scarcely ever read a book through and had never read more than a dozen consecutive pages at a single sitting. He had, indeed, to contend against the most terrible difficulties. He would read with a pencil in his hand, and after going through each page with the utmost care and attention, and after convincing himself that he had understood it, he would put a tick at the bottom. He would then go through it again ' to confirm it ' and put a cross stroke through the tail of the tick. This was when he was in a particularly good state. Sometimes each paragraph had to have its tick, and sometimes each sentence. If things were going badly or if he was reading something specially important, each separate word was treated in the same way. But this is only an exaggerated example of a very common phenomenon. Even approximately normal people are sometimes overcome by a feeling that they have ' missed ' something in a paragraph they have just been reading, and feel obliged to go through it again. A special case of this is seen in another patient whose business it was to read proofs, and who was perpetually haunted by the feeling of having ' missed ' some misprint of a disastrous sort, and was thus obliged to go through the galleys over and over again. This same difficulty is expressed, I believe, in a still milder form in the fact of the great differences that exist in the pace at which people read to themselves. The main point here is that there are a large number of persons who, though not reading aloud, always say each word to themselves as they go along. Such persons can often actually observe in themselves abortive movements of the tongue and lips ; and even though these

sotto voce readers go through this process much quicker than if they were reading aloud, they are none the less much slower than those who are free from such a hindrance. No doubt even among this latter class differences in degree of facility could be found. As an extreme instance at this other end of the scale may be mentioned Lord Bowen, the famous Victorian judge, of whom the story was told that he could simultaneously read down the seven columns of a page of *The Times* by merely moving his eyes slowly from the top of the page to the bottom.

Now these differences in the facility with which individuals can read could no doubt be explained along various lines, but I feel sure that no explanation will be complete which does not take into account the unconscious factors at work. Presumably what we have here is the familiar case of a sublimation that is liable to break down. That is to say, the mental energy employed in reading is to some degree derived from certain unconscious trends. In so far as those trends are sublimated, the reading can proceed without meeting with any obstacles raised by other mental forces; if, however, and in so far as, they retain any of their original unsublimated character the reading will meet with the hindrances which would have been put in the way of the unmodified trends. The next question which arises is as to the nature of the trends concerned. And, again, there is no difficulty in seeing that there are a number of these. The most obvious, for instance, are scopophilia, and in a rather less marked way the anal erotic impulses. I shall, however, pass over these and proceed at once to consider the important and perhaps even predominant part played in the unconscious background of reading by the *oral* components.

As evidence of this I may begin by drawing attention to the traces of oral influence to be found in a large number of metaphors applied to reading. To take a few random examples: we speak of 'a voracious reader' or of 'an omnivorous reader'; of 'an unwholesome book' or of 'a stodgy book' or of a book being 'rather strong meat'; or, again, we talk of 'browsing in a library', of finding a book 'indigestible', or of 'devouring' its pages. Further evidence of the importance of oral elements in reading will, I think, be found wherever it is possible to get instances where reading is engaged in as a pleasure for its own sake and irrespective (within limits) of the actual content of what is read. In the case, for instance, of a typist reading a best-seller or of a schoolboy reading a thriller, no doubt the subject-matter with its variously disguised gratifications of the reader's wishes plays

an essential part. But there remains over a further element of satisfaction in the reading itself, and it is this further element that I believe to be essentially oral. There is a peculiar appearance of intense and continuous absorption in a person immersed in a book and a characteristic display of irritation at any disturbing influence that definitely remind one of the behaviour of an infant enjoying its meal. It surely cannot be a mere coincidence that boys or girls preparing for a good afternoon's read will so often provide themselves not only with a book, but with a bag of sweets to consume along with it. And, if there are no sweets handy, a finger will often stray into the reader's mouth. The adult male, too, in search of an evening's relaxation, will retire into the solitude of his study and will make himself happy in his easiest chair with a whisky and soda, a pipe, and a good novel. This comparison has, indeed, already been made by Edward Glover in his 'Notes on Oral Character Formation',¹ where he remarks upon the oral component present in the habit of reading in bed. 'Sleep can in such instances', he writes, 'be successfully wooed after a certain amount of reading. This amount varies considerably, but in certain cases a fixed dose is ingested regularly before sleep, a "nightcap", the directly oral equivalent of which is familiar to all'.

It may here be objected that this correlation is not sufficiently specific: that much of what has been said above of reading applies with equal truth to the acquisition of sensations or knowledge by means other than reading. The audience at a picture palace show just the same signs of absorption as the schoolboy with his detective story; the smoker in his easy chair is just as likely to turn on the wireless as to read a novel; and if we talk of 'devouring' a book, we talk equally of 'drinking in' music and of 'lapping up' knowledge. All of this is undeniable; it seems clear that elements of oral gratification are largely present in all of these states of mind. But there is a further distinction to be made, which in itself brings some confirmation to our hypothesis, and, at the same time, to some extent (though not completely) differentiates reading from these other occupations. The blissful absorption, the smooth, uninterrupted enjoyment, that characterize the mental states of the novel-reader, the cinema-goer, the wireless-listener and the rest, suggest, of course, that their nourishment is liquid and that they are sucking it in. But all reading, alas, is not of this nature. Our list of words has already prepared us for the fact.

² INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. VI, p. 139.

There are the other books—the ones that we have to get our teeth into and chew up before we can digest them. It seems, in fact, that in the class of mental states we are considering we can distinguish two kinds of attitude, corresponding to the two stages in the oral phase, a pre-ambivalent one where everything seems to go smoothly and easily, and an ambivalent one where difficulties arise at every step. Now it will, I think, be found that although reading often falls into the category of the early, sucking, oral stage, it, nevertheless, has a far greater tendency to pass over into the second, ambivalent, stage than have any of the other activities we have mentioned. There is a special cause for this, inherent in the nature of reading itself, which I shall shortly bring forward; but apart from this we shall expect to find that the way in which the libido is distributed in an individual (whether at a given moment or more permanently) will partly determine on the one hand his choice of reading matter, and, on the other hand, his way of reading. For though it may be impossible to suck down the works of Mr. Bertrand Russell, or to chew up those of Miss Ethel M. Dell, it is surprising what successful efforts may be made in both these directions.

The moment has now come to put forward what seems to be a plausible explanation of the connection between reading and the second phase of oral libidinal gratification. This explanation leads back to the fact I have already mentioned that some people as they read say each word over to themselves under their breath. Now, as a matter of fact, of course, everyone—even Lord Bowen—began by reading in this way; indeed, they began by reading the words aloud. There is thus obviously from the first an intimate connection between reading and talking. But talking, with its movements of the lips, tongue, throat, jaw-muscles and teeth, has deep psychological connections with the oral stage of libidinal development and particularly with its second phase. The same connections must, therefore, extend to reading, but with an additional bond which does not apply to talking. For, after all, talking is a process of expulsion, a method of extruding something inside oneself (one's thoughts) into the outer world. In this respect it is, therefore, the opposite of eating. Reading, on the other hand, though it uses the oral mechanisms of talking, is actually a method of taking someone else's thoughts inside oneself. It is a way of eating another person's words.³

³ Oral elements might play an important part in the process of thinking itself if there were any truth in the behaviourists' contention that thought

This connection between reading and the oral phase puts us in a position to attempt an explanation of the inhibitions and difficulties in reading from which I started out. It seems, then, that these will chiefly arise where gratifications belonging to the *second* oral phase are predominant in reading and where the reader's attitude is thus essentially ambivalent. If in such a situation the sublimation is unstable or incomplete there will be an immediate tendency to the release of a number of sadistic and destructive impulses. Each word is then felt as an enemy that is being bitten up, and, further, for that very reason, as an enemy that may in its turn become threatening and dangerous to the reader. It seems to be an uneasy doubt as to whether this enemy has *really* been disposed of, or whether he is not lurking somewhere, overlooked between the lines perhaps, or missed by some other mistake, that causes the obsessional reader to turn back, to read and re-read, to read each word aloud, to fix each word with a tick, and yet never to be reassured. But it must not be forgotten that the relation is all the time a two-sided one, and that he is simultaneously loving the words, rolling them round in his mouth and eventually making them a part of himself. Such are the conflicts which we may suppose to lie in wait for the reader who has any tendencies to regress to the second oral stage.

The subject may, however, be pursued a little further if we turn for a moment from the unconscious *aim* of reading (which we have already presumed to be eating) and consider the *object* concerned. What, we may ask, are these books, these words, these printed pages, from the point of view of the unconscious? What do they symbolize? I know of at least two answers to the question, and they do not at first sight fit together particularly well. The first is Freud's statement that books and paper are female symbols.⁴ The second is a sentence from Ernest Jones's paper on 'Anal-Erotic Character Traits': 'Books and other printed matter are a curious symbol of fæces, presumably through the association with paper and the idea of pressing (smearing, imprinting)'.⁵ This last piece of information immediately brings to

is an 'implicit language habit'. Freud, too, as we know, assigns to words the determining rôle in preconscious thought; but he regards them from the auditory rather than from the motor side. (Cf. *The Ego and the Id*, London, 1927, pp. 21 and 22.)

⁴ *Introductory Lectures on Psycho-Analysis*, p. 131.

⁵ *Papers on Psycho-Analysis*, Second Edition, 1918, p. 676.

mind a group of observations in connection with reading to which I have not yet referred. I mean the remarkable and widespread habit of reading while defæcating. I have come across it in a very large number of people both in analysis and outside it. In its commonest and most naïvely rationalized form, the morning newspaper is conveyed from the breakfast table to the W.C. In other cases books are preferred. I have known houses with a bookcase in the lavatory, whose shelves contained a special collection of W.C. books chosen like the more familiar bedside books. I know at least one case in which 'something to read' was a *sine qua non* of successful defæcation; without it the process was definitely inhibited. I must now refer to the case of an obsessional patient with paranoid traits. Almost the whole of this patient's mental life, both outside and inside the analysis, revolved around the various problems and difficulties of eating and defæcating. He spent a large part of his time in public and other lavatories, and carried out a great many of his ordinary occupations in them. In particular he wrote and read a good deal in them. Much of his knowledge of current events was derived from reading the small squares of newspaper that are placed in some lavatories, though not with a view to being read. His descriptions of these facts were always accompanied in analysis by great feelings of guilt, and these were particularly strong when he confessed to the habit of eating many of his meals in lavatories. His guilt and distress were even more considerable in connection with one noteworthy fact. He declared that what gave him the greatest satisfaction was to eat something (the specific food was a custard tart) at the very moment of defæcating.⁶ I cannot now consider the interpretation of these phenomena as related to the particular patient; but I do not doubt that in eating the custard tart he was carrying out a symbolic act of coprophagy. The point to which I have been leading up is now evident. I am suggesting that the people who read books or newspapers while they are defæcating are performing the same coprophagic act in a still more disguised fashion;

⁶ This patient, I may remark, exhibited another and similar strange intermixing of the oral and anal functions. He at one time used regularly to carry out masturbation (which was always anal) by inserting a peppermint lozenge into his rectum; and the process used to be accompanied by a phantasy in which he imagined himself to be a horse which was being beaten on the buttocks and was kicking its legs about, and was at the same time defæcating and grinding up corn with its teeth.

and I will even go further and suggest that a coprophagic tendency lies at the root of all reading. The author excretes his thoughts and embodies them in the printed book ; the reader takes them, and, after chewing them over, incorporates them into himself. Perhaps the clearest evidence of these unconscious processes is to be seen in the orgies of newspaper reading which have accompanied the spread of literacy to the lower classes of the community. Inconceivably vast masses of ink-stained paper are ejected every day into the streets ; there they are seized and devoured with passionate avidity, and a few moments later destroyed with contempt or put to the basest possible uses ; no one can find bad enough abuse for the rags of this gutter Press, but no one feels he has breakfasted unless one of them is lying beside his coffee and his toast. I think it possible, incidentally, that the facilities for reading offered to the whole population in modern life may, by providing the opportunity for a far-going sublimation of some of the sadistic components, actually contribute to a diminution of unmodified brutality. If so, the literacy test of civilization to which I alluded at the beginning of this paper may have a justifiable basis.

There remains the problem of coprophagy itself, into which I do not propose to enter fully here. So far as I know, little has been written about it in psycho-analytical literature apart from an important passage in Abraham's 'Development of the Libido'⁷ and some references by Róheim. Abraham is chiefly concerned with showing it as a process of compensation for the loss of a loved object ; and certainly the case I have quoted in which the custard tart was eaten during defæcation gives as plastic a picture of that process as the old toy representing a man eating sausages. It almost seems, indeed, as though some very primitive narcissistic trend may lie at the basis of coprophagy, which, after all, occurs as an explicit act not only in psychotics and very young children, but also in animals. But as we find it in the phantasies or symbolic actions of adult psycho-neurotics and normal persons it is a far more complicated phenomenon ; for such coprophagic phantasies show every sign of representing not only a gratification of early unintegrated component instincts, but also a regressive gratification of genital impulses that have been repressed.⁸ In particular, it is clear that the fæces are a symbol for the father or his penis, and that

⁷ *Selected Papers on Psycho-Analysis*, 1927, pp. 444-7.

⁸ The phallic significance of coprophagy was emphasized by Dr. Ernest Jones during the discussion upon this paper.

the wish to eat them is the product of a large number of unconscious attitudes in relation to him—such as, on the one hand, feelings of rivalry, contempt, hostility and destructiveness towards him and the desire to obtain control over him and take over his powers, and, on the other hand, feelings of guilt and a need for self-punishment arising out of these. The sense of disgust inherent in the phantasy will thus express both the subject's depreciatory intentions towards the object and his fears of retribution for harbouring such intentions. But besides all this it is possible to detect in coprophagy the presence of *feminine* wishes directed towards the father, where the subject by taking the *fæces-penis* into himself puts himself in his mother's place. And here we are approaching the second of the equations pointed out long ago by Freud—in which *fæces* are felt as equivalent to children. On these lines, copulation consists in the father depositing his *fæces* inside the mother, and the subject, by his coprophagic act, transfers them instead into himself. Once more, however, alongside of this passive libidinal side of the phantasy, the destructive one re-emerges: for the *fæces-children* in the subject's mother are again his rivals, and his devouring them signifies their annihilation.

Such phantasies as these have also been made familiar to us by the work of Melanie Klein; and I wish, in conclusion, to mention one or two respects in which what I have written seems to harmonize with her findings. She has recently emphasized the close connection between the destructive impulses and the beginnings of intellectual development;⁹ the oral-sadistic basis which I have endeavoured to trace in reading would merely be a continuation and derivative of the processes she has described. But there is an even more complete parallelism, which can be carried into considerable detail, between the unconscious wishes that I have been attributing to persons reading books and the phantasies that Melanie Klein has found in children during the oral- and anal-sadistic phases: phantasies of the child forcing his way into his mother, soiling and laying waste her inside and devouring her contents—among them his father's penis as well as babies and *fæces*. To make the point clear, however, I must return to the alternative interpretation of the book as a symbol, which I have so far left on one side. According to Freud, the book stands for a woman, and it will now be seen that this by no means contradicts

⁹ 'The Importance of Symbol-Formation in the Development of the Ego', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. XI, pp. 24 ff.

Ernest Jones's interpretation of printed matter as *fæces*. For if the book symbolizes the mother, its author must be the father; and the printed words, the author's thoughts, fertilizing and precious, yet defiling the virgin page, must be the father's penis or *fæces* within the mother. And now comes the reader, the son, hungry, voracious, destructive and defiling in his turn,¹⁰ eager to force his way into his mother, to find out what is inside her, to tear his father's traces out of her, to devour them, to make them his own, and to be fertilized by them himself.¹¹

¹⁰ I may recall in this connection the passion that many readers have for marking books, scribbling in them, dog-earing them and mutilating them. This can in certain cases amount almost to a perversion. It is balanced by the horror with which even the slightest maltreatment of a book is viewed by the true bibliophile.

¹¹ Many of the interpretations suggested in this paper seem to be confirmed by a passage from the schizophrenic prophet Ezekiel (II, 9 to III, 4): 'And when I looked, behold, an hand was sent unto me; and, lo, a roll of a book was therein; And he spread it before me; and it was written within and without: and there was written therein lamentations, and mourning, and woe. Moreover he said unto me, Son of man, eat that thou findest; eat this roll, and go speak unto the house of Israel. So I opened my mouth, and he caused me to eat that roll. And he said unto me, Son of man, cause thy belly to eat, and fill thy bowels with this roll that I give thee. Then did I eat it; and it was in my mouth as honey for sweetness. And he said unto me, Son of man, go, get thee unto the house of Israel, and speak with my words unto them.'

SHORTER COMMUNICATIONS

A CASE OF ORAL DELUSIONS OF PERSECUTION

Now that we are able to turn the searchlight of psycho-analytical knowledge on to the wide field of schizophrenia, we are constantly realizing how invaluable is this psychosis in supplying us with facts, fresh discoveries and connecting-links. Both the structure of the ego and the most primitive positions of the libido can be seen and studied in this disease with a clarity nowhere else obtainable. In particular we see that the mechanisms at work in the formation of the typical psychotic pictures, for example, that of paranoid ideas, take on a special imprint from the component instincts which are variously stressed in every case.

Nevertheless, it is not common for a single component instinct to appear, as it were, isolated out in a patient and to dominate the whole picture. So it may, perhaps, be of interest if I give a detailed account of the following case in which the 'persecution' took on an exclusively oral character.¹ We shall see what complicated mechanisms may come into play on the oral level, and that one may actually speak not merely of oral identification, but of oral projection. After discussing the particular case, I shall have something to say about the significance, in other cases, of these oral mechanisms which are embedded in the structure of many neuroses.

The patient, a working man, thirty-five years old, complained of nothing but the manifold persecutions to which he said he was exposed on all sides. At bottom, all these persecutions bore a close resemblance to one another. Let me try to marshal his complaints in some sort of order.

They were as follows: Passers-by 'squeezed' his head together and sucked it till it was drained dry and festered like a wound. The reason why people attacked his head in this way was that they were hungry. When anyone was 'squeezing up' the patient's head like this, he had a peculiar feeling in his mouth. (Here he made the motion of sucking.) Similarly his hands would be made feeble and dry: people made the muscles contract. A thin person, he thought, would drain a fat one dry. Someone passing by would bend his head back and thus 'squeeze' the patient together. You could tell this by the

¹ I observed this case in Dr. Wizel's psychiatric department.

fact that the other person's neck grew thick, while that of the patient grew thinner.

Not only was the persecution distinctively oral in character, but the sensations experienced by the patient were described by him in oral terms. He said he felt hunger in his hands, for they became weak, and that his head was hungry and therefore was drained dry.

Moreover, purely psychic manifestations arose by way of this oral persecution : on one occasion, he declared, his head was all blown up and empty, and he felt that he was losing his memory.

The oral persecutions were intimately connected also with sexual relations and the sexual organs. Women wished to be plump and beautiful, and therefore they sucked at him and by means of their heads and their teeth made him contract. His member was hungry, and therefore was so small that a woman's vagina swallowed up both penis and testicles. He ought to eat more in order to strengthen his penis, and especially he ought to drink more milk. Milk was good for one. (Here he pointed to his breast.) When he had had a good meal he felt himself a man : otherwise he was a woman. Women felt as hungry as mares in a stable.

Woman was made from the rib of man ; hence women were always taking something away from us men, sucking us dry and destroying us. ' They batten on me and I am drained dry.' A woman drained a man by having sexual intercourse with him over a period of many years. When a man kissed a woman, her mouth grew smaller and his larger. She simply sucked : she was a corpse. On other occasions, however, the patient would say the opposite—that women had more flesh and bigger, plumper breasts, and so it was easier for them to devour men. He said, too, that a harlot would eat him up even before he had approached her, and that she would make off with his penis by thrusting at it with her head and getting it in between her gums. She would rob him of all this strength—all the muscles connected with the penis and the feeling of warmth which enabled it to become large. The movements of the hands, too, had an oral significance. The patient told us that it was these movements which best enabled people to extract and suck out men's strength.

He himself, although quite involuntarily, engaged in oral activities, but, unlike his persecutors, he got only harm from them. If he passed wounded men and made a sucking motion with his lips, his mouth became full of the swelling of their injured feet and the pus from their wounds. His looking at them had the effect of draining the wounds,

which immediately became smaller, while he felt a bad taste in his mouth, as though he were sucking at them and his gums began to rot.

Here is yet another example of the way in which the most varied human relations were translated in the patient's mind into oral terms : he said that patients drained a physician dry and made him into a woman. His efforts to save them meant the sacrifice of his own health.

We have already noted that movements of the hands formed part of the oral behaviour. The activities of other organs as well had an equally strong libidinal cathexis. The patient informed us that the enjoyment he felt when doing a piece of mechanical work was like the pleasure of sexual intercourse and that this was the same pleasure that he experienced in the act of biting. He felt it in his lips, teeth and tongue, but especially in his teeth and his tongue, which he thought of as a file.

We now come to the oral representation of the relation between mother and child, which seems to be of particular importance and reveals the mechanisms upon which this psychosis is based : namely, identification and projection on the oral level.

The child, the patient said, was harmless : it was the mother who drained its strength and destroyed it. He himself felt as a child does, he was conscious of his parents' every movement and his body had grown small like a child's. When a child was close to its mother, it felt all her movements, and it was just like that with himself. It was by these movements that the family prevented the child from growing up. He himself was never any older, and, when he was with his family, he felt like a child. 'They make me like a child by sucking at me. It is my family who destroys me and turns me into a thirteen-year-old boy. It is my mother who crumbles me to pieces, so that her breasts may grow large and she may be better able to nurse the little child. By destroying me she herself goes on growing larger.'

We note too that the patient declared that his breasts were the objects of persecution. He said, for instance, that an insane patient devoured his (the subject's) breast with his head : this patient had a stupid head and he himself had stupid breasts. He spoke of his breasts being ill of consumption.

When we look for other manifestations of oral erotism we discover the following facts : the patient had never practised cunnilingus ; he liked kissing, but stopped short at the mouth and the breasts. He was fond of sweets ; he spoke little. If he were kissing a woman and she

were to put her tongue into his mouth, her mouth would look like a nasty wound.

Asked whether he would like to be an infant at the breast, he replied: No, for the breast was disgusting; it smelt of sweat, and even a baby felt disgust at it and refused to suck. So far, we have the patient's own description of his mental situation.

If, now, we try to find out what are the mechanisms upon which this oral delusion of persecution is based, we encounter first and foremost plain indications of identification with the mother. The patient's libido had evidently undergone fixation at the oral level, oral sadism being a particularly noticeable feature. In correspondence with this fixation, his ego—the sum of his conscious personality—was in part held fast on the level of the sucking infant; and it is significant that we have evidence of this in his physical sensations. (He felt that his body had become tiny.) Now, if we examine the meaning of what he told us about himself and also of the content of his ideas of persecution, we see that it all really has reference to the mother. It is she who is 'sucked dry' by the child. All the effects which the patient experienced in his bodily sensations from the influence of his fellow-creatures simply stand for the changes which take place in the mother's breast when she suckles her child, and so we can make our statement about the identification with the mother even more precise and say that the patient was identifying himself with the mother's breast; we see how literally this way of stating the situation is to be taken.

Now this identification contains in itself the basis for a reversal of instinct and for projection. For the patient 'was' the mother's breast; hence it was possible for him to become the object of those same sadistic oral tendencies of which he was originally the subject and which were remarkably strong in him. It appears that this reversal had never been completed, and so it came about that he himself sucked others (although only their wounds), and that he felt it in his mouth when someone 'was drawing the inside out of his head'. Evidently here we have traces remaining of the little child's struggle with the mother from whom he drew his supply of milk. The patient felt that if once in a way he received anything, it was always something bad, valueless or actually harmful. Every good thing, on the other hand, was taken away from him.

The projection of his own strong and insufficiently mastered instinctual tendencies was carried to such a point that he ascribed to his persecutors not only the sucking, but the actions accompanying it. He

told us that it was mostly by movements of the hands that people managed to wrest away and suck out something from others. We can almost see the picture of the baby dragging at the breast with its hands and trying to squeeze out the milk. It is plain that the whole instinctual picture (if we may so term it) in this patient was projected on to his environment at a certain stage in his development.

It is as if we saw before our eyes a gigantic repetition of the frustrations and reactions experienced during the suckling period. The material before us compels us to conjecture that these oral frustrations (possibly others besides that of weaning) were worked over by the patient as follows: he introjected the breast as a love-object and identified himself with it, but without succeeding in completing the process once for all; rather, it went on, so to speak, continuously, so that, every time the breast was taken away from him, he felt this to be an assault upon himself, upon the breast (or the milk) which had now become identified with his ego. Thus the mother was no longer she who bestowed, but she who robbed—his enemy.

It seems that this basic situation was repeated literally in the schizophrenic process. This raises the question of the mechanism which brought these old reactions once more into play. At the same time, there are two points which need elucidation: (1) the extension of the idea of persecution to include everyone around the patient, and (2) the carrying-over of oral terms and oral delusional ideas to the sphere of sexual relations.

We will leave the first point for the moment, and turn our attention to the second. It will help us here if I refer to a complaint which the patient made in his last letter to me.

Amongst other things, he lamented the fact that women would not love him. This makes it natural to conjecture that it was some frustration in love that woke in him the recollection of that original oral frustration. His conception of sexual intercourse showed that he thought of it as a struggle on the oral level, the woman always having the advantage. Here, again, he was projecting on to the woman all the violence of his own oral-cannibalistic instinctual tendencies. The connection between the breast, milk and the penis is sufficiently clear in certain of his remarks which I have quoted. When he said that his penis was hungry, and therefore small, and, on the other hand, declared that he must drink a lot of milk to strengthen that organ, and, finally, lamented that women robbed him of its strength, the links in the chain are complete and the equation of the

penis with the mother's breast becomes perfectly obvious. We see that, here again, the patient was not, as it were, completely master of the processes of introjection and identification: he felt he was threatened with a loss which signified simultaneously castration and oral frustration. He came to regard milk as a universal vital substance and the whole body as a breast, so that, finally, it all seemed exposed to the same persecutions. A similar process of generalization was applied to the persecutors, so that at last the majority of his fellow-creatures were enacting the rôle originally ascribed to his mother and his family.

I cannot make up my mind how far this generalization may be due to his need to repress an idea which originally had reference to the mother alone. A similar mechanism is very familiar to us in the interpretation of dreams.

I mentioned the patient's conception of sexual intercourse, a conception which might be called cannibalistic. I believe that in the unconscious of quite a number of neurotics this plays a considerable part. It was remarkably clear in a severe case of *ejaculatio præcox* which I analysed and in which it proved to be a very important determinant of the principal disturbance. I will give just one illustration—a dream of this patient's: 'I saw a number of stuffed animals hanging on the wall. A dog brought them over to me, but I turned away in disgust, saying: "I will do it for myself"'. The following were the associations to this dream: The animals were corpses; they were his mother's body which he wished to incorporate in himself. Now, he was afraid that *she* would absorb *him*; here we have the fear of returning to the mother's womb. During the period when he was recovering, while all traces of oral projection were being wiped out, the patient dreamt and phantasied that he was putting a penis into a woman's mouth exactly as his mother used to put the nipple into his own mouth. He felt, in these dreams and phantasies, that he was feeding his mother. Thus, oral fixation to the mother was a determining factor in his sexual disturbance, for unconsciously he regarded this 'food' (sperma) as belonging to her alone and wanted to withhold it from other women.

It seems probable that in many other cases besides this the fear of incorporation by way of the mother's vagina may be connected with anxiety at the idea of rebirth and so with the trauma of birth.

Gustav Bychowski, Warsaw.

THE APPARENT PERSISTENCE OF A SYMPTOM FROM THE FIRST FOUR WEEKS OF LIFE

It is not necessary for me here to do more than mention the fact that, in making the discoveries and enunciating the principles of psycho-analysis, it has for the most part been found absolutely essential to submit the largest possible body of material to laborious and detailed examination. Occasionally, however, a particular observation reveals so vividly certain points of fundamental theoretical importance that we feel justified in publishing it and not confining ourselves to the study of wider relations.

It is an observation of this sort which will be communicated briefly here. The subject is a fourteen-year-old girl who suffers from a slight manifest neurosis, and whose mother has been having analytical treatment for the last year on account of depression. The child has two elder sisters, about whom there is nothing specially noteworthy. A brother, the eldest of the family, died some time ago. The mother's neurosis is based on the vicissitudes of her childhood, youth and married life, but we have evidence that these have had no direct influence on the daughter. With regard to the latter's bodily health she displayed a remarkable peculiarity at birth, for she came into the world with a complete congenital spasm of the pylorus, which made it impossible for her to take nourishment at all. When she was three and a half weeks old an operation was performed, and, at the age of four weeks, she could take food normally, was putting on weight satisfactorily and suffered no further disturbance in her bodily development. It was at no time necessary to restrict her food, and hence it struck the mother, with her long experience of caring for and observing the elder children, as all the more remarkable in this baby that, when she began to speak articulately at the very early age of eighteen or twenty months, she manifested quite plainly distress coloured by anxiety and spoke of 'hunger'. In her third year she suddenly developed an inexplicable ill-humour, and said: 'Good Mummies ought not to let their children starve'. Subsequent observation of this child proved that, though she had a good appetite and was well nourished, she responded to every disturbance in her sense of well-being with a stereotyped 'starvation-phobia'. This was particularly obvious on an occasion in her thirteenth year when, on account of suspected appendicitis, she was put on a diet and also the possibility of an operation was mentioned to her. She displayed no kind of anxiety-

reactions at the prospect of the operation, but merely reiterated stereotyped anxious lamentations and questions about starvation. She could never at any time have been called a 'greedy pig', nor has she been specially dainty about food; she is willing to give up to her brothers and sisters and her parents where things to eat are concerned. The symptom manifests itself exclusively in connection with illness or with physicians. Thus, when the mother displays oral rejection tendencies and is unable to eat, this daughter is the only one to be agitated—often very markedly so—although the relation of all three sisters to their mother is remarkably intimate and tender, implying perfect confidence and genuine sympathy. The child is very obviously projecting her own mental processes on to her mother, and her profound agitation is the expression of fear lest the latter should starve.

The path of this family has been beset with anxieties and troubles of many sorts, and the mother feels quite certain that this daughter's congenital disease and the course it took were never the subject of discussion except at the actual time of their occurrence. After the first month of her life the child gave no difficulty at all in respect of nourishment, nor was there any tendency of the sort in other members of the family. Hence no occasion arose, even outside herself, for giving any prominence to the question of eating. And, further, the peculiarities observed in the period when the baby was first beginning to talk reveal a very early infantile, continuous connection with the trauma of the first month of her life.

At the present time the child's psychic and nervous balance is satisfactory for practical purposes, and so there has been no reason to treat her by psycho-analysis. Her mother has given a detailed account of the daughter's character and, so far, there has been no clear indication of any traits which, as psycho-analysts, we should ascribe to the maldevelopment or faulty working-out of oral tendencies. Of course, this is not to assert that a thorough psycho-analytic investigation might not reveal something different.

To sum up: here we have a fourteen-year-old girl, not obviously suffering from a manifest neurosis, in whom we observe a complex of the nature of a phobia always ready to break out given the specific occasion, namely, some situation comprising illness and a physician. The content of this complex coincides exactly with the traumatic experience of the first four weeks of life (starvation owing to spasm of the pylorus) and the symptoms became noticeable when the child was still a baby, at the time when she was beginning to speak. I felt this

observation to be noteworthy from the point of view both of psycho-analysis and general child-psychology.

J. H. Schultz, Berlin,

MAGICAL REGENERATION BY DANCING

Shortly after the publication of the paper by Ella Sharpe entitled 'Certain Aspects of Sublimation and Delusion',¹ the following interesting communication was made to me, which affords plain enough evidence of the truth—in at least one individual—of one of the writer's contentions in that paper, namely, that dancing can represent the act of re-creating a dead object, of magically bringing it to life again. She concludes that: 'Dancing was a magical performance, associated in its origin with food (life) and death'. And: 'The dead are made alive again by the magical acts (of the dancer)'.

I was visiting the mother of a little girl aged just four; another baby had recently been born, a boy aged three months at this time. The mother is an up-to-date and highly intelligent woman; she is not interested in psycho-analysis, and knows very little about it. She is quite well versed in anthropology and the academic type of psychology. She discussed the little girl Jane's jealousy of the baby, and told me how marked it had been and the efforts she had made to deal with it. She then said, 'But there is another thing in Jane which I notice at the present time. She shows a very striking tendency to ritualistic performances and ceremonies. It makes one think of savage rites. For instance, this is the sort of game she plays now. She and I sit at a table pretending to eat; we have little toy plates and dishes with sham food stuck on them, like bacon, a loaf, a fish, etc. When we have pretended to eat them, Jane gets down from her chair and says, "Now I must make them grow on the plates again".'

'She then performs an elaborate dance, which, of course, she has invented entirely herself, round and round the table. This is quite complicated and very carefully executed. She then says, "Now they are all grown again", and then sits down at the table again with me'.

Joan Riviere, London.

THE 'VEHICLE' OF INTERPRETATIONS

A new if rather circumscribed field for analytical research has recently been discovered, namely, the experiences of 'control' analysts.

¹ This JOURNAL, Vol. XI, Part I, 1930.

Obviously these experiences deal mostly with the subjective side of analytic data, but I willingly plead guilty to the conviction that subjective factors require constant assessment during analytic work. In passing it may be remarked that the phrase 'control analysis' is rather misleading. It would be an overestimation of the activity to pretend that an analysis is 'controlled' in any executive sense. The procedure corresponds more to the control systems of scientific experiment, the control analyst offering from time to time his own mental reactions to the reported material in order to check the reactions of the analyst presenting the case.

In the course of 'controlled' analyses some questions crop up much more frequently than others. For example, one is asked frequently, '*What* should I have said?'; less frequently, '*When* should I have said it?'; one of the rarest of questions is, '*How* should I have said it?'

As in the actual analysis of a patient, the answer, if any, to a question in 'control' work should itself be in the form of a question. Ask what the trouble was, and on many occasions an illuminating comment is made, summing up the situation pointedly but without animus. This comment is, of course, the missing interpretation. Other requirements being satisfied, it could have been given precisely in that form. On other occasions no such clear statement is forthcoming. We may then make suggestions as to the possible content and timing of our interpretation. But we ought to add that these suggestions are not binding as regards form and mode of delivery.

Now in adult analysis interpretations usually take the form of a plain statement delivered in tones devoid of active emotional stress, namely, an even conversational tone, neither too emphatic nor too lifeless. This is certainly the safest method in the sense that it prevents an immediate overwhelming conviction on the patient's part that his analyst is in a state of counter-transference. But although immediate conscious convictions are thereby prevented, we know that the most silken tongue will not smooth down unconscious convictions. Furthermore, there are many individuals for whom evenness of tone and encouraging prolongation of monosyllables are out of keeping, strained or unnatural. And we may be certain that if even tones and gentleness of accent are a reaction-formation to active aggressive tendencies, the patient will sooner or later recognize this fact (in all probability very soon). For projective reasons of their own, patients

have sharp insight and diagnose intuitively the more protective forms of analytical professionalism. There seems some justification therefore for considering the 'vehicle' of interpretations. Quite apart from variation in content, depth or timing of interpretations, what latitude should one allow oneself in the *delivery* of interpretations?

An obvious question is whether we may on occasion exploit the processes of art, presenting a painful ego-interpretation in a manner calculated to induce immediate discharge of affect, in other words, whether we may make the patient laugh (assuming, of course, that we can do so). Theoretically, it seems entirely justifiable: practically it is a question not merely of policy, but of capacity. One can imagine no more disastrous situation than would be evoked by the contact of ill-timed or lumbering facetiousness on the mind of an inhibited, but essentially sensitive individual. The success of this method depends on the degree of correspondence between the emotional mechanisms of the patient and those of the analyst: if they corresponded in a qualitative sense, the method almost certainly would be successful and could be employed frequently. In other instances success would depend on how far one could estimate the patient's wit technique and employ it without affectation. In any case, a sharp line would have to be drawn, on the one hand, between wit technique and exploitation of the comic (in simpler words, clowning), and, on the other, between wit technique and direct use of sarcastic devices.

Another mode of delivery to which I desire to draw attention is based on certain clinical considerations. First of all, we know that the offer of a scientific vocabulary enables some patients to overcome the difficulty of expressing highly charged verbal presentations, e.g. obscene words: we also know that in some instances nursery words cause more difficulty than direct obscene words, and we are agreed that it is good policy to remove in due course the shelter of technical expressions, thereby inducing the experience of highly cathected speech. The same applies to the use of adult words in place of nursery words.

Another set of considerations is derived from the hearsay of child analysis. We know that, partly for reasons of suitability (preserving the unities) and partly of necessity, the child analyst gives interpretations in child language. It is only natural to consider whether one might on occasion employ similar modes in the analysis, not perhaps of adolescents, but of adults. The issue is not whether we should

transfer play technique to adult analysis or use phantasy technique, but simply whether we may use some childhood forms of expression for the effective delivery of some interpretations.

Here, again, clinical considerations help us a little. We know that many adult patients if left to themselves never employ the second person in referring to their analyst. From the beginning they say, 'the analyst' or 'Dr. X says', never '*you* say'. Referring to themselves, they also use the third person, the indefinite 'one thinks', 'one said', etc. And we are in the habit of drawing attention to this practice, interpreting its transference significance, its guilt and hostility implications, and so forth. But we are apt to forget that the neurotic is, in the sense of actual libidinal fixation or regression, really a child. We know, too, that one of the factors in regression is an attempt to get behind the guilt phase of development, to a golden age when one is supposed to be oneself without guilt; in other words, to the period before internal conflict is felt as burdensome.

It is scarcely remarkable, therefore, that many of our interpretations couched in adult phraseology have in some instances a more than usually delayed result. The words we add to the preconscious system are not highly cathected. This is particularly the case with super-ego resistances, where the original identification is masked by projection of some of the elements on the analyst. To use the term super-ego in explaining this state of affairs to the patient is unsatisfactory; but I have observed that if one builds up a glossary of the patient's intimate expressions, one is able to put these interpretations in a mainly infantile form, with satisfactory loosening of resistances. Find out whether, for example, they used the terms 'Pa' and 'Ma', 'Papa' and 'Mamma', 'Dad', 'Dada', etc.; note also the accentuation of these syllables, discover how they think of themselves or talk to themselves, their accepted pet names for themselves, their usual phrases of self-admonition ('Don't be a damn fool!' etc.), their most familiar slang, their earlier ethical labels (good boy, bad, naughty, etc.), their favourite form of narration in childhood (? the 'Brer' for 'Brer Rabbit' type). Having collected these, one is able to present a super-ego interpretation in the form of a duologue between the patient speaking in the third person and 'Pa' and 'Ma' as the case may be. Sometimes this helps to break up a persistent super-ego resistance. The indication for use is that the patient's adult organisation is mostly a façade behind which the child makes faces at the analysis. Like all auxiliary devices, the mode should be reserved for occasional exploita-

tion. The principle involved is that of taking a leaf out of the patient's book. If the patient resorts to a childlike manipulation of the third person in analysis, the analyst may turn this to advantage, provided the purpose is overcoming resistance, not instituting revenge.

Edward Glover, London.

AN OVER-DETERMINED REMARK

On the day after the recent storm at Ascot a patient opened his hour of treatment with the remark, 'I suppose you are glad you didn't go to Ascot'. Socially no remark could have appeared more harmless or devoid of significance. In an analytical situation, however, from the very circumstances there can be no such thing as an insignificant remark. Besides, the patient knew very well that nothing could be more unlikely than that I should have abandoned my work to attend a fashionable function. So I naturally asked him 'Why?' His answer did not allay my curiosity, for it was 'Because you would have got your top hat spoilt'. This was no doubt true enough, but I was bound to inquire further into the source of his solicitude for my 'top hat'.

Analysis of the remark revealed an unusually rich group of unconscious associations. In the patient's opinion people who frequented racecourses were patronizing an effete mode of progression, and were therefore likely to be inadequately enthusiastic about the triumphs of the internal combustion engine. Now the patient suffered greatly from innumerable inhibitions, and the only occasion when he felt even approximately free and in command of his personality was when driving a car. This represented his maximum potency, and indeed one might almost say his only accessible form of potency; specific association explained how it had come to signify his main sexual outlet. It will be understood, therefore, that he was greatly concerned about the slightest criticism of motorists, or, as he termed it, the 'incredibly stupid and malicious attacks' on them. Hence his prejudice against those who took any interest in horses. May their 'top hats' be blasted, for they were in his mind connected with his deadliest foes.

The patient was the victim of a glove fetishism. The sight of gloves of a particular kind excited him, though his inhibitions were so great as to preclude any form of relief even along these devious paths; there was, for instance, never any masturbation. Now Ascot was distinguished in his mind among other race meetings by its fashionable nature, which meant that it provided ample opportunity for inspecting

various kinds of gloves in various degrees of tightness. So the anti-motoring brutes were committing another offence in his eyes by ostentatiously partaking in this orgy armed with their 'top hats'. Ascot, in short, represented the primal scene itself, where the vital question of whether he or his father was to castrate the other was being decided; one can no longer wonder, therefore, at his attitude towards the men's headgear there.

The patient's attitude towards the analyst was at the time an ambivalent one. His opening remark had thus signified a friendly warning to me to side with him and not with his father in the grim struggle, with a hint of what would befall me if I failed to do so. A profound meaning to a seemingly casual conversational remark, and one more illustration of the law that nothing trivial happens in the analytical situation. *De minimis curat psycho-analysis.*

Ernest Jones, London.

FLATUS AND AGGRESSION

A female patient of mine recently afforded me some interesting examples of the narcissistic evaluation of flatus. In the course of her analysis she said to me: 'I sometimes feel I could kill you, and when I go to bed I break wind and say to myself: "There, I've shot him; he is dead"'. Asked to give further examples of this type of behaviour, she said: 'Sometimes when I have sexual intercourse with my husband, I like to pass a lot of flatus and think to myself: "I have blown him to pieces"'.
Psycho-analysis

Owen Berkeley-Hill, Ranchi, India.

BOOK REVIEWS

Critique of Love. By Fritz Wittels. (George Allen and Unwin, Ltd., London, 1930. Pp. 317. Price 12s. 6d. net.)

This note is inserted simply to call attention to the existence of an issue in England of a book the American issue of which was recently reviewed in the JOURNAL (Vol. XI., p. 96).

E. J.

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Mind at the Crossways. By C. Lloyd Morgan, D.Sc., LL.D., F.R.S., Emeritus Professor in the University of Bristol. (Williams and Norgate, London, 1929. Pp. xi + 275. Price 10s. 6d.)

This book seems in need of a rather long or of a very short review. A criticism of inadequate scope and thoroughness would be an insult to the distinguished author. A notice of sufficient length would, on the other hand, be scarcely suited to the present JOURNAL, since both the general treatment and point of view are far removed from those of psycho-analysis. We must content ourselves therefore with drawing attention to the fact that the volume is a continuation of the author's exposition of the doctrines of emergent evolution, and that it touches many fundamental problems of psychology, epistemology and metaphysics. In his only reference to the subject, Professor Lloyd Morgan implies that he does not attach much value to psycho-analysis. 'The elaborated art product of Freudian literature,' he says, 'does not win my admiration.' The psycho-analyst, in his turn, is unlikely to gain much from a superficial study of the present volume. Ultimately, however, he might be able to bring contributions of some worth to several of the problems that are dealt with. This, however, would be a matter for a monograph rather than for a review.

J. C. F.

★

The History of Psychology. By W. B. Pillsbury, Ph.D., Professor of Psychology, University of Michigan. (George Allen and Unwin, Ltd., London, 1929. Pp. 326. Price 15s. net.)

We have reviewed in this JOURNAL several valuable books on the history of psychology, for instance, those by Brett (JOURNAL, Vol. III., p. 243), Murphy (Vol. X., p. 471), etc. To review the whole story of the development of psychology, from Demokritos to Watson, as the present book attempts, is a task calling for exceptional erudition and exceptionally judicious powers of judgement. In this JOURNAL we are concerned only with the part of the book devoted to psycho-analysis; here these attributes are so singularly lacking as to make it painfully evident that the author has undertaken a task for which he is temperamentally unfitted.

Experience has shewn that if in a presentation of psycho-analysis the

simple facts of its beginnings, facts which are easily ascertainable, are erroneously described, one may expect a correspondingly distorted account of the subject itself. This is a matter of mere observation; it is not evident why it should be so. At all events the present volume strikingly confirms the truth of this generalization. Into a couple of pages the author manages to introduce an astonishing number of misstatements of fact, of which we may quote a few examples. We learn that Freud 'absorbed from Charcot the notion that hysteria was of mental origin', incidentally a view that Charcot never held. Freud's notion of the unconscious is said to have been 'derived from Schopenhauer (an author he never studied till late in life), as his notion of disease came from Charcot'. We are then told that he associated himself with Breuer after his return from studying with Charcot, instead of before, that he treated the famous case Anna O. together with Breuer, the truth being that he had nothing to do with the case, which was treated years before, when he was still a student, and that Breuer and he subsequently abandoned hypnotism and developed the method of psycho-analysis, whereas this was a step with which Breuer had nothing to do. These are matters that are in themselves trivial enough in the history of the world, but they concern facts that are just as easily related correctly as incorrectly, so that the misstatements in question appear distinctly unnecessary in a book professing to deal authoritatively with the history of the subject, and do not predispose one to follow the author blindly in matters of more moment. They may, indeed, be said to be examples of what psycho-analysts call 'symptomatic actions'.

The author appears to regard conceptions of the unconscious as nothing more than a matter of individual fashion, and he acknowledges that Freud 'did not give his unconscious' ¹ the blind malevolence of Schopenhauer's'. Freud's view of it is none the less pretty silly. 'He thinks of the consciousness as having a censor (*sic*) that has been developed through living in a conventional and somewhat puritanical society, and that the main object of the unconscious is to outwit this censor. . . . One might question on *a priori* grounds why the unconscious should not prefer to enjoy these thoughts by itself, and not endeavour to force them upon an unwilling upper self. Apparently, however, the unconscious is a social being and must share its delights' (pp. 262, 263).

As time went on Freud 'finally developed a full history, or perhaps better a mythology, of sex' (p. 264). That the author is himself not deficient in the mythopæic faculty is shown by the following passage: 'If the individual is to be happily married, he must, if a boy, find a mate who resembles his mother; if a girl, one who resembles her father. All these statements are based upon the interpretations of the histories or the explanations of the dreams of patients. In his findings Freud had to

¹ Italics by the Reviewer.

trust to a patient's memory regarding what happened before he was a year old, in many cases much before ' (pp. 264, 265).

The psycho-analytic treatment itself would appear to be an equally curious affair. ' The ordinary course was for the emotion attached to the original event to be transferred to the physician—the patient would, for example, if his trouble had been caused by a love affair, fall in love with him, and then the cure could not be completed until the emotion was sublimated—in such a case, that is, until love of the physician was replaced by some high ideal of an impersonal character which might absorb the personal emotion. This method Freud called psycho-analysis ' (p. 265). ' In the treatment, the patient is encouraged to remember carefully all dreams and *write them down* on waking. Then they serve as introduction to the questioning in psycho-analysis that is to produce the cure. On the theory, it is really not difficult to discover what the symbols signify, since in normal individuals they always have reference to the opposite sex. A dictionary of these symbols has been prepared, but it is not necessary provided the analyst knows the sex of the dreamer ' (p. 266).

The author's final judgement on psycho-analysis is correspondingly detached. ' Gradually its admitted practitioners are becoming fewer and fewer, and the ardor of those who were disciples is cooling ' (p. 267). . . . ' It stands as a strange episode in the history of psychology but one that has not been without many beneficial by-products ' (p. 268).

That a man in the responsible position occupied by Professor Pillsbury can write such pitiful nonsense is one more illustration of how a superficial contact of certain temperaments with psycho-analysis may seriously perturb a previous degree of mental stability.

E. J.



Myths of the Origin of Fire. An Essay by Sir James George Frazer, O.M., F.R.S., F.B.A. (Macmillan & Co., Ltd., London, 1930. Pp. vii + 238. Price 12s. 6d. net.)

The title of this book describes it so fully that there is little to be said about it by way of a review. We have here an extensive, and possibly complete, collection of the myths concerning the origin of fire. They are presented with Sir James Frazer's well-known accuracy and in his equally appreciated attractive style.

What remains to be said? Beyond the collection of data there is practically nothing. The conclusions are that men discovered how to make fire by the use of the same methods still employed among backward races, the fire-drill, the fire-saw, the fire-plough, and iron and stone. There would appear to be no other problem about the whole matter; no question is raised about the psychological motives impelling man in this advance. Even the numerous elements in the myths that transcend the

matter of material ways and needs are not explored. One illustration will show to what straits one is reduced when one refuses to take into account the operation of the unconscious, the significance of symbolism, and all that we have learned from modern psychology: 'If we ask why in these myths the procuring of the first fire is so often fathered on animals or birds, which even the savage must perceive to be entirely destitute of it at the present time, the most probable answer seems to be that these stories are primarily intended to account for certain colours or other characteristics of animals, which primitive man attributed to the action of fire, and that they are only secondarily meant to explain the origin or discovery of fire' (pp. 215, 216).

Finally, one has to record regret at the continued ignoring by anthropologists of the work done in their field by psycho-analysts. In the otherwise complete bibliography on this particular topic, for instance, there is no mention of Abraham's book on it or of Freud's own suggestions.

E. J.



Psychology's Defence of the Faith. By David Yellowlees, M.B., Ch.B. (Student Christian Movement Press, 1929. Pp. 190. Price 5s. net.)

Psychology's Defence of the Faith might have been more aptly termed 'The Defence of the Faith against Psychology'. It is a modern apologia of a well-known type. Many of the discoveries and criticisms of science are readily admitted. But a domain is preserved for faith.

Dr. Yellowlees asserts that 'there are kinds of truth' which we cannot gain 'by cultivating a spirit of scientific detachment or what is called an open mind—which is sometimes perilously like a vacant mind. The only way to apprehend religious truth of any ultimate sort is to be willing to fulfil the conditions under which alone we may experience it. Jesus said, "Anyone who chooses to do His Will will understand whether my teaching comes from God". That deliberate choice, with all it involves, comes first, and the understanding can only come afterwards. And it has to be done really and sincerely. You cannot say to yourself, "Let us suppose, for experimental purposes, that I have decided to do the Will of God; I shall then probably feel so and so". You will have to be utterly genuine about it' (p. 87). The implied argument has the validity of all tautologies. The domain of faith is by definition located beyond science. Therefore science cannot disturb it.

There remain, however, parts of the book which can be criticized on logical grounds. There is, for instance, the old misunderstanding about free will. 'Can you conceive what would happen if free will were finally proved to be an illusion? Life as we know it would become simply impossible. Effort and striving, failure and success, rewards and punishments, right and wrong, would lose all meaning' (p. 92). Dr. Yellowlees

thinks that some scientific confirmation of the view he wishes to adopt may be derived from physics, which now admits the possibility that the ultimate laws of Nature are statistical.

In a determined world our present self and our present environment together determine our future self. But if we admit the responsibility of our present ego for our future ego, we must also admit the responsibility of our past ego for our present ego. At any moment we can put the guilt on some ego further back, until we have shifted it from our own shoulders altogether. But in an indeterminate world, a statistical world, even this limited justification for a sense of responsibility would go. The result of a throw of the dice is not influenced by past results. Because I have thrown three sixes running it is no more probable that I shall throw a fourth. If I have done the right thing three times running I shall have formed no habit.

Dr. Yellowlees admits that the sense of sin may sometimes be neurotic and displaced on to irrelevant events; but he believes that the origin of this feeling cannot be explained psychologically (pp. 96-97). He criticizes the view that religion is a neurosis, by pointing out that many people are neurotic without being religious, or religious without being neurotic. But such statements in no way meet the argument that the illusion of religion is a refuge from the anxiety of the Oedipus complex, which different sufferers gain with different success.

Dr. Yellowlees writes a good deal about psycho-analysis and understands it well enough, except when it encroaches on the domain of faith. Thus after a quite sympathetic account of part of the Freudian view he concludes of the rest that 'any theory which leads to a less worthy view of human life or a lessened sense of responsibility for the conduct of life is self-condemned' (p. 47). This was the argument of the Inquisition against Galileo and of Mr. Gladstone against Darwin. One would have thought that it is the critic who can write such words, rather than the theory, who deserves this condemnation.

The defects of the book are, however, partially redeemed by no small merits. The style is exceptionally clear and easy. The tone is uniformly tolerant. The world cannot digest the whole of psycho-analysis at once. It is probably better that it should have what those like Dr. Yellowlees so attractively present than that it should suffer indigestion from a profounder work.

R. Money-Kyrle.

✱

On Being a Father. By E. M. and K. M. Walker. With an Introduction by Cecil Delisle Burns. Illustrated by Violet M. Guy. (Jonathan Cape, 1928. Pp. 192. Price 5s. net.)

Much literary advice has been given to mothers, but little to fathers.

This book was written to redress the balance. It is a guide to marriage and paternity.

The first part discusses a man's relations with his wife, the second his relations with his children. There is some useful biological information and good psychological advice. Both are expressed clearly, sensibly and humorously, and the lesson is driven home by a series of entertaining illustrations.

The book is not, and is not intended to be, profound, but it admirably performs its function.

R. Money-Kyrle.

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EDITED BY

ANNA FREUD, GENERAL SECRETARY

BRITISH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 15, 1930. Mr. Kapp : ' Some Aspects of Non-clinical Case-Material '. The full possibilities of psycho-analytical work outside therapeutic practice have not yet been exploited ; a certain type of theoretical problem has hitherto been neglected owing to the limitations of the therapeutic field of study and method of work. It is suggested that the time has come when the method employed by the research worker should depart more radically from that used by the therapist. Examples given of particular problems which are of importance to the scientific mind.

February 5, 1930. Mrs. Klein : ' The Importance of Symbol-Formation in the Development of the Ego '. (Published in this JOURNAL, Vol. XI., Pt. 1.)

February 19, 1930. Dr. Zuckerman (London Zoological Society ; guest of the British Psycho-Analytical Society) : ' Social behaviour of Apes and Baboons '. After a brief physiological survey of rutting, the lecturer gave a summary of behaviouristic data bearing on the sexual habits of apes and baboons. He then showed what direct bearing the sexual instincts had on social behaviour, and in particular how sexual impulses were exploited to further the gratification of non-sexual aims. In the wild state no evidence could be found for the operation of psychic institutions corresponding to the super-ego. There did not appear to be any sign of psychic loss or trauma following the death of sexual objects or offspring.

March 5, 1930. Mrs. Riviere : An abstract of Freud's *Civilization and its Discontents*.

March 19, 1930. (a) Mr. James Strachey : ' Unconscious Factors in Reading '. Chief libidinal components in reading are : scopophilia, anal erotism, and, above all, oral erotism ; evidence from metaphors, from reading habits of the normal and from inhibitions of the neurotic. Two attitudes corresponding to two stages of oral phase. Especial importance of oral sadism : reading a symbolic form of coprophagy. The book a mother-symbol in which the author (father) has left defiling marks, these being then devoured and incorporated by the reader (son).

(b) Miss Low : ' Reading and the Unconscious '. Illustrated from the case of a writer suffering from inhibition. Two attitudes described :

(1) a distaste for 'purple patches' and 'letting go'; (2) antagonism to an arid bare style, particularly scientific writing. The former associated with reminiscences dating from the third year, involving fear of the father, and the latter a reaction to the cold isolation of the excluded son. Scientific writing made him feel guilty, owing to his attraction to the father and the fact that his father became the super-ego.

(c) Miss Low: Abstract of *Die Einführung in die Psychoanalyse für Pedagogen*, by Anna Freud.

Changes of Address.

Dr. Josephine Brown, 17, Mount Carmel Chambers, Duke's Lane, W. 8.

Dr. Bernard Hart, 94, Harley Street, W. 1.

Dr. Sybille Yates, 27, Nottingham Place, W. 1.

Edward Glover,

Scientific Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 10, 1930. (a) Short communications.

(1) Dr. L. Révész: Notes on the analysis of a case of lumbago.

Connection between depression on the one hand and, on the other, lumbago and the most acute neuralgia. Repeated production of the lumbago as a substitute for sadistic and murderous acts.

(2) Dr. M. Bálint: Infantile roots of a case of 'lack of desire'.

Reaction to the loss of the nurse. Active therapeutic intervention by imposition of a period of fasting.

(b) *General Meeting.* Re-election of the Officers and Council.

January 24, 1930. Frau Dr. F. K. Hann: Extracts from the analysis of an incipient psychosis. Onset of the psychosis clearly discernible under cover of severe hysterical and obsessional symptoms. Accessibility to psycho-analytic therapy only after onset of the psychosis.

February 7, 1930. Dr. Gz. Szüts: Notes from the analysis of a female paranoid patient. The case-history showed that paranoia—the extreme form of defence by the mechanism of projection—was very amenable to influence while *in statu nascendi*. The patient became sociable and capable of work.

February 21, 1930. Dr. M. J. Eisler: A 'Christ'-neurosis. Delusional self-reproaches, in which the idea of suffering for others played a large part. Important deductions: (a) connection of the neurosis with the conflicts of the unresolved Oedipus-situation; (b) attempts of the super-ego to express the individual's superiority to the mass of mankind by interposing itself as 'mediator' and striking a balance between the demands of the ego-ideal and the original instinctual impulses.

March 7, 1930. Clinical communications. Dr. S. Pfeifer : (a) Denial as a form of resistance. Refusal of a patient to hear or understand the analyst's simplest utterances. Tracing of this form of resistance to recollections connected with the Œdipus conflict : psychic ' deafness ' to the father's admonitions ; rage and phantasied destruction of the father who threatened.

(b) A phase in the various identifications of a patient suffering from cyclothymic insanity. Where the identification with the father in the period of mania was about to give place to identification with the mother in that of melancholia, the patient regularly passed through a short phase during which he, as a child in the uterus, identified himself with a part of both parents.

(c) Bisexuality in the distribution of libido in schizophrenia. Organic sensations in a schizoid patient as the autosymbolic representations of a dissociation of the mind (through severe trauma) into two mutually loving parts. (A contribution to the subject of the traumatic origin of narcissism, as suggested verbally by Ferenczi.) Hypochondria as the expression of self-love with a bisexual basis. Early turning of the patient's bisexual disposition in the direction of identification with both parents, sexually united.

March 26, 1930. Anna Freud (Vienna): The technique of child-analysis. A brief account of the method followed by the Vienna Seminar on technique in child-analysis and of the cases there reported.

Business Meeting : The following were elected to full membership :

Frau Dr. Fanny E. Hann, Budapest, V., Báthory u. 17.

Dr. Gzula Szütz, Budapest, VI., Andrásy u. 38.

A Psycho-Analytical Clinic for Children has been started under the direction of Frau Dr. M. Dubovitz, under the auspices of the Hungarian League for the Protection of Children.

The following lectures and seminars were given at the Training Institute :

1. Dr. I. Hollós : Introduction to psycho-analysis.
2. Dr. M. Bálint : Seminar on the unconscious.
3. Dr. S. Ferenczi : Clinical seminar for candidates taking their training-analysis.

Dr. Imre Hermann,
Secretary.

INDIAN PSYCHO-ANALYTICAL SOCIETY

First and Second Quarters, 1929

January 27, 1929. Annual General Meeting (see this JOURNAL, Vol. X., Part 4). The report for 1928 was adopted.

February 2, 1929. Lieut.-Colonel Berkeley Hill : ' The Masculinity Complex '. A case showing troubles concerning the nose and the eye and a feeling on the part of the patient that she was looked upon as a prostitute.

April 14, 1929. Lieut.-Colonel Berkeley Hill was elected to represent the Society at the ensuing Psycho-Analytical Congress at Oxford, July, 1929.

The letters from the Central Executive on the schemes for training people in practice of psycho-analysis and recruiting members from amongst the men so trained was considered and the matter was referred to a Sub-Committee consisting of the President, Dr. N. C. Mitra, Mr. H. P. Maiti, Dr. S. Mitra, and the Secretary.

Mr. Mohan Lal Ganguli, M.Sc., B.L., and Dwijendralal Ganguli were elected Associate Members of the Society.

Major Daly's papers on (1) ' Psychic reactions to olfactory stimuli ' and (2) ' Psychology and man's attitude towards woman ' were read by the President.

July 14, 1929. Dr. Sarasilal Sarkar : ' Vision character of some dreams '. Analysis of some dreams. There were no special features.

The library was utilized by many members, and the interest in psycho-analysis in the country continued unabated. Informal discussions on various psycho-analytical subjects were held frequently at the President's house. Visitors often took part in these discussions. Lieut.-Colonel Owen Berkeley Hill, Dr. B. C. Ghosh and the President delivered popular lectures before the Presidency Council of Women and other societies. Papers were read by Lieut.-Colonel Berkeley Hill, Professor Haridas Bhattacharyya and Professor Jiban Krishna Sarkar in the Psychological Section of the Indian Science Congress, which held its sittings at Madras. During the year the President's Bengali book on Dreams was published.

M. N. Banerji,

Secretary.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 28, 1930. a. Dr. Bertram D. Lewin : ' The Economic Significance of Regression during Menstruation '. (A brief summary of the second and third parts of the paper was published in the *Zeitschr.*, XVI., Heft 1.)

b. Dr. Alexander S. Lorand : ' Clinical Remarks on the Psychogenesis of Fetishism '. Report of a young man whose sexual gratifications displayed fetishistic traits, and whose history showed fetishistic tendencies in childhood ; comparing this case to the one of the little fetishist reported in *Zeitschr.*, XVI., Heft 1, new apparently important points in the development of fetishism were brought out. The point was emphasized whether

a lack of opportunity of seeing the genitals of little girls and the limitations on observing the mother did not prevent definite knowledge as to the lack of a penis, because of hair covering, and whether this did not further mystify the boy and cause him to adhere to his belief in the female penis.

Executive Session. Dr. David M. Levy, hitherto of the Swiss group, was admitted by transfer as a member in full standing.

The Educational Committee reported on the form of the paragraph admitting non-medical members. It reads :

'Non-medical applicants for associate membership must have the equivalent of a B.A. degree. Such applicants under thirty-five years of age shall be required to study medicine. Those over thirty-five, in addition to the educational requirements of a B.A. degree, shall be required to have had three years of training here and abroad, according to the requirements of the International Training Commission.'

Officers elected for 1930 :

President : Dr. A. A. Brill ; *Vice-President* : Dr. Smith Ely Jelliffe ; *Secretary and Treasurer* : Dr. Bertram D. Lewin ; *Council* : Dr. Thaddeus H. Ames, Dr. Leonard Blumgart, Dr. Monroe A. Meyer.

Educational Committee : Dr. A. Kardiner (Chairman), Drs. Jelliffe, Lehrman, Lewin, Meyer, Stern, and Zilboorg. *Scientific Committee* : Dr. Dorian Feigenbaum (Chairman), Drs. Bunker and Lorand.

February 25, 1930. A Symposium on Character.

a. Dr. Fritz Wittels (by invitation) : 'The Hysterical Character'. The hysterical type contrasted with the obsessional shews a one-sided constructive (feminine) tendency and lacks the masculine coercive element which leads to completion and permanency. Hence, hysterical accomplishments are fugitive, like a well-developed but unfixed photograph.

b. Dr. Bertram D. Lewin : 'The Obsessional Character'. A brief summary of the mechanisms of the obsessional neurosis followed by a descriptive summary of character traits, elucidating the latter by referring to the former.

c. Dr. Alexander S. Lorand : 'The Reactive Character'. The formation of this type of character was discussed from the standpoint of Freud's reference to the relation of ego and super-ego, which is sometimes a command : 'Be thus—like the father', and at other times a prohibition : 'Do not be thus—like the father'. In the three cases cited the tension lay between the desire to become like the father and the prohibition not to become like him. One of the cases became strongly masochistic as opposed to a brutal, very strong father. Another in opposition to his father became very wealthy, which precipitated a neurosis. The third displayed an amiable disposition and was religious, in contrast to a revolutionary atheistic father, but described himself as being internally a 'Dr.

Jekyll and Mr. Hyde'. The character in these three cases developed under a reactive super-ego, originating about the Oedipus period. The point was stressed that clinical differentiation between such characters aids in the elimination of technical difficulties if the analyst is aware of them.

d. Dr. Dorian Feigenbaum: 'The Paranoid Criminal Character'. In lieu of paranoid delusion we find in the criminal with paranoid character a disposition to action. Ambivalence to the father results in lack of unity and strength of the super-ego, and consequently in incomplete identification with or aggressiveness towards society. An example of a criminal with paranoid character is given. The case studied (analysis of clinical material) leads to the assumption of a *chronic neurotic super-ego criminal*, which can be placed between the 'neurotically conditioned criminal' and the 'normal, non-neurotic delinquent with criminal super-ego' of Alexander and Staub, as an intermediary type.

Executive Session. Dr. Brill delivered his inaugural address as President, reviewing the past year's work and pointing out what the aims of the Society for the future should be.

March 25, 1930. *a.* Dr. Oswald Boltz: 'Art, Rational and Irrational'. With the aid of lantern slides, drawings of a schizophrenic patient clearly illustrating common phantasies were shown and discussed in connection with modern movements in art.

b. Dr. Adolph Stern: 'On Case Termination'. A brief discussion of technical difficulties encountered in patients who present very little transference neurosis.

The Education Committee announced a series of round table meetings, seminars and colloquia to be held weekly during the next three months.

Drs. Kardiner and Meyer have been appointed Attending Psychiatrists at the new Psychiatric Institute.

PARIS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 28, 1930. *Election of the Officers and Council for 1930.*

Discussion of questions of funds, subscriptions, number of meetings to be held, etc.

February 18, 1930. Dr. Cénac: 'The Post-Analytical Situation—readaptation to life'. When a patient is cured and returns to his family, he may meet with difficulties from his relations. Examples from cases. Neurosis is often a family, rather than an individual, phenomenon. Where possible, the analyst should endeavour to influence the patient's *milieu* or to explain to him the reaction of his relations. In any case every contact of the analyst with the family should be subsequently analysed with the patient.

March 18, 1930. M. Frois-Wittman was elected an Associate Member. Discussion of plans for the Fifth Conference of French psycho-analysts.

Dr. Loewenstein: 'Tact in psycho-analytic Technique'. How should the analyst react to the manifest content of the patient's words? In some cases they should be analysed as simple associations and in others should be taken at their face-value. Tact consists in adopting the right attitude in the circumstances.

Officers and Council for 1930:

President: Dr. Parcheminey.

Vice-President: Dr. Codet.

Secretary: Dr. Allendy.

Treasurer: Dr. Nacht.

Full Members:

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Mme. Sokolnika.	Dr. Parcheminey.
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Dr. Codet.	Dr. Flournoy.
Dr. Laforgue.	Mme. Morgenstern.
Dr. Hesnard.	Mme. Reverchon.
Dr. Loewenstein.	Dr. Nacht.
Dr. Odier	Dr. Cénac.

Associate Members:

Mdlle. Berman.	M. Monod-Herzen.
M. Doreau.	M. Germain.
Dr. Martin-Sisteron.	M. Hoesli.
Dr. Schiff.	Mme. Laforgue.
Dr. Répond.	Dr. Leuba.
Dr. Hélot.	M. Frois-Wittmann.

SWISS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1930

January 18, 1930. I. Scientific Meeting.

Dr. Behn-Eschenburg: 'A Peculiar Form of Resistance'. A patient who found it difficult to tell her dreams and give free associations brought drawings and sketches to her analysis. There was obviously a resistance to expressing herself verbally.

II. Business Meeting. Conclusion of the discussion of the new statutes.

February 8, 1930. General Meeting. I. Scientific Meeting.

Zulliger: 'An Orthographic Inhibition'.

II. Business Meeting. Unanimous approval of the new statutes and the special clauses providing for the period of transition. Reports by the

President, Treasurer, the Training Committee and the Librarian. Re-election of the former Officers, Council and Training Committee. The following auditors were appointed: Dir. Dr. Répond and Hofmann. The new statutes were declared to be now in force.

February 22, 1930. Frau Zulliger: 'How a "difficult" boy was trained at a later age'. The mother of a ten-year-old boy requested his foster-parents to keep a journal, which they did for two years. Analysis of the environment thus recorded showed its influence on the child.

March 15, 1930. Dir. Dr. Kielholz: 'The Psychosis of Clifford W. Beers, the founder of the Mental Hygiene Movement'. In his autobiographical work, *A Mind that Found Itself*, Beers describes his experiences during three years in which he suffered from a cyclic psychosis, and how they prompted him on his recovery to found and establish a now world-wide movement for the amelioration of insanity and for psychic hygiene. Analytical explanation of Beers' mental illness.

March 27, 1930. Frau Behn-Eschenburg: 'The Relations between Psycho-Analysis and Education'. Analyses of three children at different stages of development (early childhood, period of latency, beginning of puberty). Discussion of the peculiar technique required in child-analysis with special reference to educational requirements.

Addendum. In the report for the *Third Quarter, 1929*, we omitted to mention that Professor Dr. Schneider (Stuttgart) read a paper at the 'Modern Education Congress' held at Helsingör (Denmark).

Hans Zulliger, *Secretary*.

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1930

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